



2015 Comprehensive Formulary

Coventry Health Care

(List of Covered Drugs)

Managed Standard

PLEASE READ: This document contains information about the drugs we cover in this plan

This formulary was updated on 10/1/2014.
For more recent information or other questions, please contact Coventry Health Care at **1-866-294-9803** or for **TTY: 711**, 8 am to 8 pm, seven days a week, from October 1 – February 14, and 8 am to 8pm, Monday – Friday, from February 15 – September 30, or visit <http://KSformulary.coventry-medicare.com>

Formulary ID Number: 15041 Version 6

Coventry Health Care of Kansas, Inc., Coventry Health Care of Missouri, Inc. and Coventry Health and Life Insurance Company are Coordinated Care plans with a Medicare contract. Enrollment in our plan depends on contract renewal.

Mail Order Pharmacy

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program, which is called Express Scripts PharmacySM. Typically, mail-order drugs arrive within 7 to 11 days. You can call **1-866-865-0662 (TTY: 711)** if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.

This information is available for free in other languages. Please call our customer service number at **1-866-294-9803 (TTY: 711)**, 8 am to 8 pm, seven days a week, from October 1 – February 14, and 8 am to 8pm, Monday – Friday, from February 15 – September 30.

Esta información está disponible en forma gratuita en otros idiomas. Llame a nuestro número de servicio al cliente al **1-866-294-9803 (TTY: 711)**, de 8 a. m. a 8 p. m., los siete días de la semana, del 1 de octubre al 14 de febrero, y de 8 a. m. a 8 p. m., de lunes a viernes, del 15 de febrero al 30 de septiembre.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Coventry Health Care. When it refers to “plan” or “our plan,” it means Coventry.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/1/2014. For a complete, updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2016, and from time to time during the year.

What is the Coventry Health Care Comprehensive Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at our

network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 10/1/2014. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 59. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you

can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *candesartan*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site.

You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition.

See the section, "How do I request an exception to the Coventry Health Care's formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Coventry Health Care and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Coventry Health Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Coventry Health Care's Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception.

When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is

limited. For example, you may need a prior authorization from us before you can fill your prescription.

You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with at least 91 and up to a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in your setting of care (such as being discharged or admitted to a long term care facility), your physician or pharmacy can request a one-time prescription override.

This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

For more information

For more detailed information about our plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day/7 days a week. **TTY** users should call **1-877-486-2048**. Or, visit <http://www.medicare.gov>.

Coventry Health Care's Formulary

The comprehensive formulary that begins on page 8 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 59.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., LEVEMIR) and generic drugs are listed in lower-case italics (e.g., *candesartan*).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

QL	Quantity Limits
PA	Prior Authorization
ST	Step Therapy
LA	Limited Access
MO	Mail Order Delivery
B/D	Part B vs. D Prior Authorization

QL: Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *candesartan*.

PA: Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

ST: Step Therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

LA: Limited Access. These prescriptions may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Coventry Health Care at **1-866-294-9803 (TTY: 711)**, 8 am to 8 pm, seven days a week, from October 1 – February 14, and 8 am to 8pm, Monday – Friday, from February 15 – September 30.

MO: Mail Order. For certain kinds of drugs, you can use Express Scripts PharmacySM. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "**mail-order**" drugs in our Drug List or MO. For more information consult your Pharmacy Directory or call Coventry Health Care at **1-866-294-9803 (TTY: 711)**, 8 am to 8 pm, seven days a week, from October 1 – February 14, and 8 am to 8pm, Monday – Friday, from February 15 – September 30.

B/D: Part B versus Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug tier copay levels

This 2015 comprehensive formulary is a listing of brand name and generic drugs. Coventry Health Care's 2015 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

	Five Tier Plan
<i>Tier 1</i>	Preferred Generic Drugs
<i>Tier 2</i>	Non-Preferred Generic Drugs
<i>Tier 3</i>	Preferred Brand Drugs
<i>Tier 4</i>	Non-Preferred Brand Drugs
<i>Tier 5</i>	Specialty Tier Drugs

Our plan, in some instances, combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

You Have Drug Coverage in the Coverage Gap Stage

There are four "drug payment stages" of a Medicare Prescription Drug Plan. How much you pay for a Part D drug depends on which drug payment stage you are in. Your plan includes supplemental coverage for drugs on Tier 1 during the Coverage Gap stage. Your Evidence of Coverage will tell you how much you will pay for covered drugs during each drug payment stage. If you need assistance finding this information, call the Customer Service number on your ID card.

Preferred Drug List

KEY* Drug Name UPPERCASE = Brand name prescription drugs <i>Lower case italics</i> = Generic medications	Drug Tier 1,2,3,4,5 = Copay tier level	Requirements/Limits QL = Quantity Limit ST = Step Therapy PA = Prior Authorization LA = Limited Access MO = Mail Order Delivery B/D = Part B vs. Part D
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Drug Name	Drug Tier	Requirements/Limits
<u>Analgesics</u>		
<i>acetaminophen/codeine #3</i>	2	QL (390 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	2	QL (4500 ML per 30 days) MO
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 60mg</i>	2	QL (390 EA per 30 days) MO
<i>ascomp/codeine</i>	4	QL (180 EA per 30 days) PA
<i>butal/asa/caff</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine/codeine</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine caps</i>	4	QL (180 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/apap/caffeine</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine</i>	4	QL (180 EA per 30 days) PA MO
<i>capacet</i>	4	QL (180 EA per 30 days) PA
CELEBREX	4	MO
<i>codeine sulfate tabs</i>	4	QL (180 EA per 30 days) MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium dr</i>	2	MO
<i>diclofenac sodium er</i>	2	MO
<i>diclofenac sodium/misoprostol</i>	4	MO
<i>diflunisal tabs</i>	2	MO
<i>duramorph</i>	2	B/D
<i>endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	4	QL (360 EA per 30 days)
<i>endodan</i>	4	QL (360 EA per 30 days)
<i>etodolac er</i>	2	MO
<i>etodolac caps 200mg</i>	2	
<i>etodolac caps 300mg</i>	2	MO
<i>etodolac tabs</i>	2	MO
<i>fenoprofen calcium tabs</i>	2	MO
<i>fentanyl patch</i>	4	QL (15 EA per 30 days) MO
<i>fentanyl citrate oral transmucosal</i>	5	QL (120 EA per 30 days) PA MO
<i>flurbiprofen tabs</i>	2	MO
<i>hydrocodone bitartrate/acetaminophen soln</i>	4	QL (5550 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	4	QL (360 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg</i>	4	QL (390 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	4	QL (360 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 2.5mg; 200mg</i>	4	QL (150 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 5mg; 200mg, 7.5mg; 200mg</i>	4	QL (150 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	4	QL (2400 ML per 30 days) MO
<i>hydromorphone hcl inj 1mg/ml, 2mg/ml, 4mg/ml, 500mg/50ml</i>	4	B/D MO
<i>hydromorphone hcl tabs 4mg, 8mg</i>	4	QL (240 EA per 30 days) MO
<i>hydromorphone hcl tabs 2mg</i>	4	QL (480 EA per 30 days) MO
<i>ibudone tabs 5mg; 200mg</i>	4	QL (150 EA per 30 days)
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	2	MO
<i>ketoprofen er</i>	4	MO
<i>ketoprofen caps</i>	2	MO
<i>lorcet</i>	4	QL (360 EA per 30 days)
<i>lorcet hd</i>	4	QL (360 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	4	QL (360 EA per 30 days)
<i>lortab tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	4	QL (360 EA per 30 days)
<i>margesic</i>	4	QL (180 EA per 30 days) PA MO
<i>meclofenamate sodium caps</i>	2	MO
<i>meloxicam susp, tabs</i>	2	MO
<i>methadone hcl inj</i>	2	
<i>methadone hcl tabs</i>	2	QL (240 EA per 30 days) MO
<i>methadone hcl oral soln</i>	2	QL (3000 ML per 30 days) MO
<i>methadone hcl conc</i>	2	QL (360 ML per 30 days) MO
<i>methadone hcl tbso</i>	2	QL (90 EA per 30 days)
<i>methadose sugar-free</i>	2	QL (360 ML per 30 days) MO
<i>methadose conc</i>	2	QL (360 ML per 30 days) MO
<i>methadose tbso</i>	2	QL (90 EA per 30 days)
<i>morphine sulfate er cp24 120mg</i>	4	QL (180 EA per 30 days) MO
<i>morphine sulfate er cp24 45mg, 75mg, 90mg</i>	4	QL (30 EA per 30 days) MO
<i>morphine sulfate er cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	4	QL (60 EA per 30 days) MO
<i>morphine sulfate er tbc</i>	4	QL (90 EA per 30 days) MO
<i>morphine sulfate tabs</i>	2	QL (180 EA per 30 days) MO
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 150mg/30ml, 15mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 8mg/ml</i>	2	B/D
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL (1020 ML per 30 days) MO
<i>morphine sulfate oral soln 20mg/ml</i>	2	QL (180 ML per 30 days) MO
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL (1800 ML per 30 days) MO
<i>nabumetone</i>	2	MO
<i>nalbuphine hcl inj</i>	4	MO
<i>naproxen dr</i>	2	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO
<i>naproxen susp, tabs</i>	2	MO
<i>oxaprozin</i>	2	MO
<i>oxycodone hcl conc</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hcl caps</i>	4	QL (360 EA per 30 days)
<i>oxycodone hcl soln</i>	4	QL (5400 ML per 30 days) MO
<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 30mg</i>	4	QL (180 EA per 30 days) MO
<i>oxycodone hcl tabs 5mg</i>	4	QL (360 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	4	QL (360 EA per 30 days) MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	4	QL (360 EA per 30 days) MO
<i>oxycodone/ibuprofen piroxicam caps</i>	4	QL (120 EA per 30 days) MO
ROXICET SOLN	2	MO
<i>roxicet tabs 325mg; 5mg</i>	3	QL (1800 ML per 30 days) MO
<i>sulindac tabs</i>	4	QL (360 EA per 30 days)
<i>tolmetin sodium caps</i>	2	MO
<i>tolmetin sodium tabs 200mg</i>	2	
<i>tolmetin sodium tabs 600mg</i>	2	MO
<i>tramadol hcl immediate release tablets</i>	2	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	4	QL (240 EA per 30 days) MO
<i>vicodin es tabs 300mg; 7.5mg</i>	4	QL (390 EA per 30 days)
<i>vicodin hp tabs 300mg; 10mg</i>	4	QL (390 EA per 30 days)
<i>vicodin tabs 300mg; 5mg</i>	4	QL (390 EA per 30 days)
VIMOVO	3	MO
VOLTAREN GEL	3	QL (1020 GM per 30 days) MO
<i>zebutal caps 325mg; 50mg; 40mg</i>	4	QL (180 EA per 30 days) PA
<u>Anesthetics</u>		
<i>lidocaine hcl jelly gel 2%</i>	2	
<i>lidocaine hcl gel 2%</i>	2	
<i>lidocaine hcl mouth/throat soln</i>	2	
<i>lidocaine hcl external soln</i>	2	MO
<i>lidocaine hcl inj 0.5%, 1.5%</i>	2	
<i>lidocaine hcl inj 1%, 2%, 4%</i>	2	MO
<i>lidocaine viscous</i>	2	MO
<i>lidocaine/prilocaine kit</i>	2	
<i>lidocaine/prilocaine crea</i>	2	MO
<i>lidocaine oint</i>	2	MO
<i>lidocaine ptch</i>	2	QL (90 EA per 30 days) PA MO
<u>Anti-Addiction/Substance Abuse Treatment Agents</u>		
<i>acamprosate calcium dr</i>	4	MO
<i>buprenorphine hcl/naloxone hcl</i>	3	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl subl</i>	3	QL (90 EA per 30 days) PA MO
<i>buprobam</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hcl sr tb12 150mg</i>	3	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	4	QL (336 EA per 365 days) MO
CHANTIX STARTING MONTH PAK	4	QL (106 EA per 365 days) MO
CHANTIX TABS 0.5MG, 1MG	4	QL (336 EA per 365 days) MO
<i>disulfiram tabs</i>	2	MO
<i>naloxone hcl inj</i>	2	
<i>naltrexone hcl tabs</i>	2	MO
NICOTROL NS	4	QL (40 ML per 30 days) MO
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days) PA MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	4	QL (90 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<u>Antibacterials</u>		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	2	MO
<i>amoxicillin/clavulanate potassium er</i>	2	MO
<i>amoxicillin/clavulanate potassium chew, tabs</i>	2	MO
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	MO
<i>amoxicillin chew 125mg, 250mg</i>	2	MO
<i>amoxicillin caps, susr, tabs</i>	2	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm for IV, 250mg, 2gm for IV</i>	2	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	2	MO
<i>ampicillin-sulbactam</i>	4	
<i>ampicillin susr</i>	2	
<i>ampicillin caps</i>	2	MO
<i>azithromycin pack</i>	2	
<i>azithromycin susr, tabs</i>	2	MO
<i>azithromycin inj 500mg</i>	2	MO
<i>aztreonam</i>	4	
<i>baciim</i>	4	
<i>bacitracin inj 50000unit</i>	4	MO
BACTOCILL IN DEXTROSE	4	
BICILLIN L-A	4	
<i>cefaclor er</i>	2	MO
<i>cefaclor caps</i>	2	MO
<i>cefaclor susr 125mg/5ml, 375mg/5ml</i>	2	
<i>cefaclor susr 250mg/5ml</i>	2	MO
<i>cefadroxil</i>	2	MO
<i>cefazolin sodium/dextrose</i>	4	
<i>cefazolin sodium inj 100gm, 1gm; 5%, 1gm for IV, 20gm</i>	4	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	4	MO
<i>cefdinir</i>	4	MO
<i>cefditoren pivoxil tabs 400mg</i>	4	
<i>cefepime inj 1gm/50ml; 5%, 1gm/50ml, 2gm/100ml, 2gm/50ml; 5%</i>	4	
<i>cefepime inj 1gm, 2gm</i>	4	MO
<i>cefotaxime sodium inj 10gm, 500mg</i>	4	
<i>cefotaxime sodium inj 1gm, 2gm</i>	4	MO
<i>cefotetan</i>	4	
<i>cefotetan/dextrose</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm; 4%, 2gm; 2.2%</i>	4	
<i>cefoxitin sodium inj 1gm, 2gm</i>	4	MO
<i>cefpodoxime proxetil</i>	4	MO
<i>cefprozil</i>	4	MO
<i>ceftazidime/dextrose</i>	4	
<i>ceftazidime inj 6gm</i>	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime inj 1gm, 2gm</i>	4	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
<i>ceftriaxone sodium i.v. 1gm</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	MO
<i>ceftriaxone/dextrose</i>	4	
<i>cefuroxime axetil susr</i>	2	
<i>cefuroxime axetil tabs</i>	2	MO
<i>cefuroxime sodium inj 1.5gm, 7.5gm</i>	4	
<i>cefuroxime sodium inj 750mg</i>	4	MO
<i>cefuroxime/dextrose inj 750mg; 4.1%</i>	4	
<i>cephalexin caps 750mg</i>	2	
<i>cephalexin caps 250mg, 500mg</i>	2	MO
<i>cephalexin susr, tabs</i>	2	MO
<i>chloramphenicol sodium succinate</i>	4	
<i>ciprofloxacin er</i>	2	MO
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	2	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	2	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	2	MO
<i>ciprofloxacin susr</i>	2	
<i>ciprofloxacin inj 200mg/20ml, 400mg/40ml</i>	2	MO
<i>clarithromycin er</i>	2	MO
<i>clarithromycin susr, immediate release tabs</i>	2	MO
<i>clindamycin hcl caps</i>	2	MO
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate add-vantage</i>	4	
<i>clindamycin phosphate in d5w</i>	4	
<i>clindamycin phosphate crea 2%</i>	2	MO
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 900mg/60ml</i>	4	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	4	MO
<i>colistimethate sodium</i>	4	PA MO
CUBICIN	5	
<i>dicloxacillin sodium</i>	2	MO
<i>doxy 100</i>	4	
<i>doxycycline hyclate dr</i>	4	MO
<i>doxycycline hyclate inj</i>	4	
<i>doxycycline hyclate caps, tabs</i>	4	MO
<i>doxycycline monohydrate</i>	4	MO
<i>doxycycline caps 75mg</i>	4	
<i>doxycycline caps 150mg</i>	4	MO
<i>doxycycline susr</i>	4	
E.E.S. 400	4	MO
E.E.S. GRANULES	4	MO
<i>e.s.p.</i>	2	MO
ERY-TAB	3	MO
ERYPED 200	4	MO
ERYPED 400	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN LACTOBIONATE INJ 500MG	4	
ERYTHROCIN STEARATE	4	MO
<i>erythromycin base tabs</i>	2	MO
<i>erythromycin ethylsuccinate tabs</i>	2	MO
<i>erythromycin/sulfisoxazole</i>	2	
<i>erythromycin cpep 250mg</i>	2	MO
<i>gentamicin sulfate pediatric</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml; 0.9%</i>	2	MO
<i>gentamicin sulfate inj 10mg/ml</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	2	MO
<i>imipenem/cilastatin</i>	3	MO
INVANZ IV 1GM	4	
INVANZ INJ 1GM	4	MO
<i>isotonic gentamicin inj 1.2mg/ml; 0.9%, 2mg/ml; 0.9%</i>	2	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	MO
KETEK TABS 300MG	4	
KETEK TABS 400MG	4	MO
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj 25mg/ml</i>	2	
<i>levofloxacin oral soln 25mg/ml</i>	2	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	MO
<i>meropenem</i>	4	MO
<i>methenamine hippurate</i>	4	MO
METRO IV	4	
<i>metronidazole in nacl 0.79%</i>	4	MO
<i>metronidazole vaginal</i>	2	MO
<i>metronidazole caps 375mg</i>	2	MO
<i>metronidazole tabs 250mg, 500mg</i>	2	MO
<i>minocycline hcl caps</i>	2	MO
<i>morgidox 1x100mg caps</i>	4	
<i>morgidox 2x100mg caps</i>	4	
MOXATAG	4	
<i>nafcillin sodium</i>	4	
NALLPEN ISO-OSMOTIC IN DEXTROSE	4	
NALLPEN/DEXTROSE INJ 0; 1GM/50ML	4	
<i>neomycin sulfate tabs</i>	2	MO
<i>nitrofurantoin macrocrystals</i>	4	PA MO
<i>nitrofurantoin monohydrate</i>	4	PA MO
<i>nitrofurantoin susp</i>	4	PA
<i>ofloxacin tabs 200mg</i>	2	
<i>ofloxacin tabs 300mg, 400mg</i>	2	MO
<i>oxacillin sodium inj 10gm, 1gm</i>	4	
<i>oxacillin sodium inj 2gm</i>	4	MO
<i>paromomycin sulfate</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
PCE	4	MO
<i>penicillin g potassium inj 2000000unit, 5mu</i>	4	MO
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	2	MO
<i>piperacillin sodium/ tazobactam sodium</i>	4	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm</i>	4	
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm, 4gm; 0.5gm</i>	4	MO
<i>streptomycin sulfate inj</i>	4	MO
<i>sulfadiazine tabs</i>	2	MO
<i>sulfamethoxazole/trimethoprim</i>	2	MO
<i>sulfamethoxazole/trimethoprim ds</i>	2	MO
SUPRAX CHEW, TABS	4	
SUPRAX CAPS	4	MO
SUPRAX SUSR 100MG/5ML, 500MG/5ML	4	
SUPRAX SUSR 200MG/5ML	4	MO
SYNERCID	5	
<i>tazicef inj 1gm, 2gm, 6gm</i>	4	
TEFLARO	4	
<i>tetracycline hcl caps</i>	2	MO
TIMENTIN INJ 0.1GM; 3GM, 1GM; 30GM	4	
<i>tinidazole</i>	4	MO
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	2	
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	2	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	2	MO
<i>trimethoprim tabs</i>	2	MO
TYGACIL	3	
<i>vancomycin hcl in dextrose</i>	4	
<i>vancomycin hcl caps</i>	5	PA MO
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg</i>	4	
<i>vancomycin hcl inj 500mg</i>	4	MO
<i>vandazole</i>	2	MO
ZMAX	4	MO
ZYVOX INJ	5	PA
ZYVOX SUSR	5	QL (1800 ML per 28 days) PA MO
ZYVOX TABS	5	QL (56 EA per 28 days) PA MO
<u>Anticonvulsants</u>		
APTiom TABS 200MG, 400MG, 800MG	4	QL (30 EA per 30 days) PA
APTiom TABS 600MG	4	QL (60 EA per 30 days) PA
BANZEL TABS	4	PA
BANZEL SUSP	5	PA
<i>carbamazepine er tb12</i>	4	
<i>carbamazepine er cp12</i>	4	MO
<i>carbamazepine susp</i>	2	
<i>carbamazepine chew, tabs</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
CELONTIN	4	MO
<i>clonazepam odt tbdp 1mg</i>	4	QL (120 EA per 30 days) MO
<i>clonazepam odt tbdp 2mg</i>	4	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	4	QL (90 EA per 30 days) MO
<i>clonazepam tabs 1mg</i>	4	QL (120 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	4	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg</i>	4	QL (90 EA per 30 days) MO
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	4	MO
DILANTIN CAPS 30MG	4	MO
<i>divalproex sodium</i>	4	MO
<i>divalproex sodium dr</i>	4	MO
<i>divalproex sodium er</i>	4	MO
<i>epitol</i>	2	
<i>ethosuximide caps</i>	4	
<i>ethosuximide soln</i>	4	MO
<i>felbamate</i>	4	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	4	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	4	MO
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (30 EA per 30 days) PA
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA
<i>gabapentin caps, soln, tabs</i>	2	MO
GABITRIL TABS 12MG, 16MG	4	MO
<i>lamotrigine immediate release tablet, chew</i>	2	MO
<i>levetiracetam oral soln, immediate release tabs</i>	2	MO
<i>levetiracetam inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	4	
<i>levetiracetam inj 500mg/5ml</i>	4	MO
LYRICA SOLN	4	QL (900 ML per 30 days) PA MO
LYRICA CAPS 225MG, 300MG	4	QL (60 EA per 30 days) PA MO
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	4	QL (90 EA per 30 days) PA MO
ONFI SUSP	4	PA
ONFI TABS	4	QL (60 EA per 30 days) PA
<i>oxcarbazepine</i>	4	MO
PEGANONE	4	
<i>phenobarbital tabs</i>	4	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	4	QL (1500 ML per 30 days) PA MO
<i>phenytoin sodium extended caps 200mg, 300mg</i>	2	
<i>phenytoin sodium extended caps 100mg</i>	2	MO
<i>phenytoin sodium inj</i>	4	
<i>phenytoin chew, susp</i>	2	MO
POTIGA TABS 50MG	4	QL (270 EA per 30 days) PA MO
POTIGA TABS 200MG, 300MG, 400MG	4	QL (90 EA per 30 days) PA MO
<i>primidone tabs</i>	2	MO
SABRIL	5	PA LA
TEGRETOL-XR TB12 100MG	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hydrochloride</i>	4	
<i>topiramate csp, tabs</i>	4	MO
<i>valproate sodium inj</i>	4	MO
<i>valproic acid caps, syrp</i>	2	MO
VIMPAT INJ	4	
VIMPAT ORAL SOLN	4	MO
VIMPAT TABS 50MG	4	QL (180 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	4	QL (60 EA per 30 days) MO
<i>zonisamide</i>	2	MO
<u>Antidementia Agents</u>		
<i>donepezil hcl tbdp</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 23mg, 5mg</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	2	QL (60 EA per 30 days) MO
<i>ergoloid mesylates tabs</i>	3	PA
EXELON PT24	3	QL (30 EA per 30 days) MO
EXELON SOLN	4	QL (180 ML per 30 days) MO
<i>galantamine hydrobromide soln</i>	4	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide cp24</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide tabs</i>	4	QL (60 EA per 30 days) MO
NAMENDA XR	3	QL (30 EA per 30 days) PA MO
NAMENDA XR TITRATION PACK	3	QL (30 EA per 30 days) PA MO
<i>rivastigmine tartrate</i>	2	QL (60 EA per 30 days) MO
<u>Antidepressants</u>		
<i>amitriptyline hcl tabs</i>	2	PA MO
<i>amoxapine</i>	2	MO
BRINTELLIX	4	QL (30 EA per 30 days) ST
<i>bupropion hcl er tb12 150mg</i>	3	QL (60 EA per 30 days)
<i>bupropion hcl er tb12 100mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hcl sr tb12 150mg</i>	3	QL (60 EA per 30 days)
<i>bupropion hcl sr tb12 100mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hcl xl</i>	3	QL (30 EA per 30 days) MO
<i>bupropion hcl tabs</i>	3	QL (180 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	4	MO
<i>citalopram hydrobromide soln</i>	2	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	2	QL (120 EA per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	2	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	2	QL (60 EA per 30 days) MO
<i>clomipramine hcl caps</i>	2	PA MO
<i>desipramine hcl tabs</i>	2	MO
<i>doxepin hcl caps, conc</i>	2	PA MO
<i>duloxetine hcl cpep 20mg, 60mg</i>	3	QL (60 EA per 30 days) MO
<i>duloxetine hcl cpep 30mg</i>	3	QL (90 EA per 30 days) MO
EMSAM	5	QL (30 EA per 30 days) ST MO
<i>escitalopram oxalate soln</i>	4	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	4	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	4	QL (45 EA per 30 days) MO
FETZIMA	4	QL (30 EA per 30 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
FETZIMA TITRATION PACK	4	QL (30 EA per 30 days) ST MO
<i>fluoxetine dr</i>	4	QL (4 EA per 28 days)
<i>fluoxetine hcl caps, soln</i>	2	MO
<i>fluoxetine hcl tabs 60mg</i>	2	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	2	MO
<i>fluvoxamine maleate tablet</i>	4	MO
<i>imipramine hcl tabs</i>	2	PA MO
KHEDEZLA	4	QL (30 EA per 30 days) ST
<i>maprotiline hcl</i>	2	MO
MARPLAN	4	MO
<i>mirtazapine odt tbdp 30mg, 45mg</i>	4	QL (30 EA per 30 days) MO
<i>mirtazapine tabs</i>	2	MO
<i>mirtazapine tbdp</i>	4	QL (30 EA per 30 days) MO
<i>nefazodone hcl</i>	4	MO
<i>nortriptyline hcl caps, soln</i>	2	MO
<i>olanzapine/fluoxetine</i>	4	QL (30 EA per 30 days) MO
<i>paroxetine hcl er tb24 37.5mg</i>	4	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	4	QL (90 EA per 30 days) MO
<i>paroxetine hcl tabs</i>	2	MO
PAXIL SUSP	4	
<i>perphenazine/amitriptyline</i>	4	MO
<i>phenelzine sulfate tabs</i>	3	
PRISTIQ	4	QL (30 EA per 30 days) ST MO
<i>protriptyline hcl</i>	4	MO
<i>sertraline hcl conc, tabs</i>	2	MO
SURMONTIL	4	PA
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl tabs</i>	2	MO
<i>venlafaxine hcl</i>	2	MO
<i>venlafaxine hcl er cp24 37.5mg, 75mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	2	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 225mg</i>	4	QL (30 EA per 30 days)
<i>venlafaxine hcl er tb24 37.5mg, 75mg</i>	4	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er tb24 150mg</i>	4	QL (60 EA per 30 days) MO
VIIBRYD TABS	4	QL (30 EA per 30 days) MO
VIIBRYD KIT	4	QL (30 EA per 365 days) MO

Antiemetics

<i>dronabinol caps 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) PA MO
<i>dronabinol caps 10mg</i>	5	QL (60 EA per 30 days) PA MO
EMEND CAPS 40MG	4	QL (1 EA per 30 days) B/D MO
EMEND PAK, 125MG, 80MG	4	QL (6 EA per 30 days) B/D MO
<i>granisetron hcl tabs</i>	4	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tabs</i>	2	MO
<i>ondansetron hcl oral soln</i>	3	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	3	MO
<i>ondansetron hcl tabs 4mg, 8mg</i>	3	B/D MO
<i>ondansetron odt</i>	3	B/D MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>phenadoz supp 25mg</i>	4	PA
<i>phenadoz supp 12.5mg</i>	4	PA MO
<i>promethazine hcl supp 12.5mg, 25mg</i>	4	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	4	PA
<i>promethegan supp 50mg</i>	4	PA MO
TRANSDERM-SCOP	4	MO
<u>Antifungals</u>		
ABELCET	5	B/D
AMBISOME	5	B/D MO
<i>amphotericin b</i>	2	B/D MO
CANCIDAS INJ 50MG	5	
CANCIDAS INJ 70MG	5	MO
<i>ciclodan</i>	4	
<i>ciclopirox</i>	4	MO
<i>ciclopirox nail lacquer</i>	4	MO
<i>ciclopirox olamine crea</i>	4	MO
<i>clotrimazole/betamethasone dipropionate</i>	2	MO
<i>clotrimazole soln, troc</i>	2	MO
<i>econazole nitrate crea</i>	2	MO
ERAXIS	5	PA
EXELDERM	4	MO
<i>fluconazole in dextrose</i>	4	
<i>fluconazole in nacl</i>	4	
<i>fluconazole susr, tabs</i>	2	MO
<i>flucytosine</i>	5	
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole caps</i>	4	PA MO
<i>ketoconazole crea, sham, tabs</i>	2	MO
MENTAX	4	MO
NOXAFIL INJ	5	PA
NOXAFIL SUSP, TBEC	5	PA MO
<i>nyamyc</i>	2	
<i>nystatin/triamcinolone</i>	2	MO
<i>nystatin crea, oint, powd, susp, tabs</i>	2	MO
<i>nystop</i>	2	MO
OXISTAT	4	MO
<i>pedi-dri</i>	2	MO
SPORANOX SOLN	5	PA
<i>terbinafine hcl tabs</i>	2	MO
<i>terconazole supp</i>	2	
<i>terconazole crea</i>	2	MO
<i>voriconazole inj</i>	4	
<i>voriconazole susr, tabs</i>	5	MO
<u>Antigout Agents</u>		
<i>allopurinol tabs</i>	2	MO
COLCRYS	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>probenecid/colchicine</i>	2	MO
<i>probenecid tabs</i>	2	MO
<u>Antimigraine Agents</u>		
CAFERGOT	4	QL (40 EA per 28 days) MO
<i>dihydroergotamine mesylate inj</i>	3	MO
<i>dihydroergotamine mesylate nasal soln</i>	4	QL (8 ML per 28 days)
ERGOMAR	3	
MIGERGOT	4	QL (20 EA per 28 days) MO
MIGRANAL	4	QL (8 ML per 28 days) MO
<i>naratriptan hcl</i>	4	QL (9 EA per 30 days) MO
<i>rizatriptan benzoate</i>	4	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	4	QL (12 EA per 30 days) MO
<i>sumatriptan spray</i>	3	QL (6 EA per 30 days) MO
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	3	QL (9 EA per 30 days) MO
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
SUMAVEL DOSEPRO	4	QL (4 ML per 30 days) ST MO
<i>zolmitriptan odt</i>	4	QL (6 EA per 30 days) MO
<i>zolmitriptan tabs</i>	4	QL (6 EA per 30 days) MO
ZOMIG NASAL SPRAY 5MG	4	QL (6 EA per 30 days) ST MO
ZOMIG NASAL SPRAY 2.5MG	4	QL (6 EA per 30 days) ST
<u>Antimvasthanic Agents</u>		
<i>guanidine hcl</i>	4	
MESTINON TIMESPAN	4	MO
MESTINON SYRP	4	MO
<i>pyridostigmine bromide tabs</i>	3	MO
<u>Antimycobacterials</u>		
CAPASTAT SULFATE	4	
<i>cycloserine</i>	4	
<i>dapsone tabs</i>	3	
<i>ethambutol hcl tabs 100mg</i>	4	
<i>ethambutol hcl tabs 400mg</i>	4	MO
<i>isoniazid syrp</i>	2	
<i>isoniazid tabs</i>	2	MO
PASER	4	
PRIFTIN	4	MO
<i>pyrazinamide tabs</i>	4	
<i>rifabutin</i>	4	
<i>rifampin caps, inj</i>	4	MO
RIFATER	4	MO
SIRTURO	5	QL (188 EA per 365 days) PA LA
TRECTOR	4	MO
<u>Antineoplastics</u>		
ABRAXANE	5	
<i>adriamycin inj 10mg, 2mg/ml, 50mg</i>	4	B/D
<i>adrucil</i>	4	B/D
AFINITOR	5	QL (30 EA per 30 days) PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ	5	QL (60 EA per 30 days) PA
ALIMTA	5	PA
ALKERAN TABS	4	B/D
<i>amifostine</i>	5	
<i>anastrozole tabs</i>	2	MO
ARRANON	5	
ARZERRA	5	PA
AVASTIN	5	PA
<i>azacitidine</i>	5	PA
<i>bicalutamide</i>	2	MO
BICNU	4	
<i>bleomycin sulfate</i>	4	B/D
BOSULIF	5	PA
BUSULFEX	5	
CAPRELSA TABS 300MG	5	QL (30 EA per 30 days) PA LA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA LA
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	4	
<i>cisplatin</i>	4	
<i>cladribine</i>	2	B/D
CLOLAR	5	
COMETRIQ	5	PA
COSMEGEN	5	
<i>cyclophosphamide caps</i>	2	B/D
<i>cyclophosphamide tabs</i>	2	B/D MO
<i>cyclophosphamide inj</i>	4	
CYRAMZA	5	PA
<i>cytarabine aqueous</i>	2	B/D
<i>cytarabine inj 100mg, 1gm</i>	2	B/D
<i>dacarbazine inj</i>	2	
<i>daunorubicin hcl inj 5mg/ml</i>	2	
DAUNOXOME INJ 2MG/ML	5	
<i>decitabine</i>	4	
<i>dexrazoxane</i>	4	
DOCEFREZ	5	
<i>docetaxel inj 140mg/7ml, 160mg/16ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	5	
<i>doxorubicin hcl</i>	4	B/D
<i>doxorubicin hcl liposome inj 2mg/ml</i>	4	
DROXIA	4	MO
ELITEK	5	PA
EMCYT	4	MO
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml, 50mg</i>	4	
ERBITUX	5	PA
ERIVEDGE	5	QL (30 EA per 30 days) PA LA
ERWINAZE	5	PA
<i>etoposide inj</i>	3	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>exemestane</i>	4	MO
FARESTON	5	MO
FASLODEX	5	PA
<i>floxuridine</i>	2	B/D
<i>fludarabine phosphate</i>	4	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	4	B/D
<i>flutamide</i>	4	MO
FOLOTYN	5	
FUSILEV	5	
GAZYVA	5	PA
<i>gemcitabine</i>	5	
<i>gemcitabine hcl</i>	5	
GILOTRIF	5	QL (30 EA per 30 days) PA
GLEEVEC TABS 400MG	5	QL (60 EA per 30 days) PA
GLEEVEC TABS 100MG	5	QL (90 EA per 30 days) PA
HALAVEN	5	PA
HERCEPTIN	5	PA
HEXALEN	5	
<i>hydroxyurea caps</i>	2	
ICLUSIG TABS 45MG	5	QL (30 EA per 30 days) PA
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA
<i>idarubicin hcl</i>	2	
<i>ifosfamide</i>	4	
<i>ifosfamide/mesna inj 1gm; 1gm</i>	2	
IMBRUVICA	5	QL (120 EA per 30 days) PA
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (240 EA per 30 days) PA LA
INTRON-A	5	PA
INTRON-A W/DILUENT	5	PA
<i>irinotecan</i>	4	
ISTODAX	5	PA
IXEMPRA KIT	5	PA
JAKAFI	5	QL (60 EA per 30 days) PA LA
JEVTANA	5	PA
KADCYLA	5	PA
<i>letrozole</i>	4	MO
<i>leucovorin calcium inj</i>	4	
<i>leucovorin calcium tabs</i>	4	MO
LEUKERAN	4	MO
<i>lomustine</i>	3	
MATULANE	5	
MEKINIST TABS 0.5MG	5	QL (120 EA per 30 days) PA
MEKINIST TABS 2MG	5	QL (30 EA per 30 days) PA
<i>melphalan hydrochloride</i>	5	
<i>mercaptopurine tabs</i>	4	MO
<i>mesna</i>	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
MESNEX TABS	4	
<i>mitomycin</i>	4	
<i>mitoxantrone hcl</i>	2	
MUSTARGEN	4	
NEXAVAR	5	QL (120 EA per 30 days) PA LA
NILANDRON	4	MO
NIPENT	5	
ONCASPAR	5	
<i>oxaliplatin</i>	5	
<i>paclitaxel</i>	4	
PANRETIN	5	
PERJETA	5	PA
POMALYST	5	QL (21 EA per 28 days) PA LA
PROLEUKIN	5	
REVLIMID	5	QL (30 EA per 30 days) PA LA
RITUXAN	5	PA
SOLTAMOX	4	PA
SPRYCEL TABS 100MG, 140MG	5	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG	5	QL (60 EA per 30 days) PA
STIVARGA	5	QL (120 EA per 30 days) PA LA
SUTENT CAPS 25MG, 50MG	5	QL (30 EA per 30 days) PA
SUTENT CAPS 12.5MG	5	QL (90 EA per 30 days) PA
SYLATRON INJ 296MCG, 444MCG, 888MCG	5	PA
SYLVANT	5	PA
SYNRIBO	5	PA
TABLOID	4	MO
TAFINLAR CAPS 75MG	5	QL (120 EA per 30 days) PA
TAFINLAR CAPS 50MG	5	QL (180 EA per 30 days) PA
<i>tamoxifen citrate tabs</i>	2	MO
TARCEVA TABS 25MG	5	QL (60 EA per 30 days) PA
TARCEVA TABS 100MG, 150MG	5	QL (90 EA per 30 days) PA
TARGRETIN	5	PA
TASIGNA	5	QL (120 EA per 30 days) PA
THALOMID CAPS 100MG, 150MG, 50MG	5	QL (28 EA per 28 days) PA
THALOMID CAPS 200MG	5	QL (56 EA per 28 days) PA
THERACYS	4	
TICE BCG	4	
<i>toposar</i>	3	
<i>topotecan hcl</i>	5	
TORISEL	5	
TREANDA	5	
<i>tretinoin caps 10mg</i>	5	MO
TRISENOX	4	PA
TYKERB	5	QL (180 EA per 30 days) PA LA
UVADEX	4	
VALCHLOR	5	PA
VALSTAR	5	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
VECTIBIX	5	PA
VELCADE	5	PA
<i>vinblastine sulfate</i>	2	B/D
<i>vincasar pfs</i>	4	B/D
<i>vincristine sulfate</i>	4	B/D
<i>vinorelbine tartrate</i>	4	
VOTRIENT	5	QL (120 EA per 30 days) PA
XALKORI	5	QL (60 EA per 30 days) PA LA
XTANDI	5	QL (120 EA per 30 days) PA LA
YERVOY	5	PA
ZALTRAP	5	PA
ZANOSAR	4	
ZELBORAF	5	QL (240 EA per 30 days) PA LA
ZOLINZA	5	QL (120 EA per 30 days) PA
ZYKADIA	5	QL (150 EA per 30 days) PA
ZYTIGA	5	QL (120 EA per 30 days) PA
<u>Antiparasitics</u>		
ALBENZA	4	
ALINIA TABS	4	
ALINIA SUSR	4	MO
<i>atovaquone</i>	5	PA
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	4	
<i>atovaquone/proguanil hcl tabs 250mg; 100mg</i>	4	MO
BILTRICIDE	4	
<i>chloroquine phosphate tabs</i>	2	MO
COARTEM	4	MO
DARAPRIM	4	
<i>hydroxychloroquine sulfate tabs</i>	2	MO
<i>lindane lotn, sham</i>	4	
<i>malathion lotn</i>	4	
<i>mefloquine hcl</i>	2	MO
MEPRON	5	PA MO
NEBUPENT	4	B/D
PENTAM 300	4	
<i>permethrin crea</i>	2	MO
<i>primaquine phosphate tabs</i>	3	MO
<i>quinine sulfate</i>	4	PA MO
STROMEKTOL	3	MO
<u>Antiparkinson Agents</u>		
<i>amantadine hcl caps, syrp, tabs</i>	3	MO
APOKYN	5	PA LA
AZILECT	4	QL (30 EA per 30 days)
<i>benztropine mesylate tabs</i>	2	PA MO
<i>benztropine mesylate inj</i>	4	PA
<i>bromocriptine mesylate caps, tabs</i>	2	MO
<i>carbidopa/levodopa</i>	2	MO
<i>carbidopa/levodopa er</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa odt</i>	2	MO
<i>carbidopa/levodopa/entacapone</i>	2	
<i>carbidopa tabs</i>	2	
<i>entacapone</i>	4	MO
MIRAPEX ER	3	QL (30 EA per 30 days) MO
NEUPRO	4	QL (30 EA per 30 days)
<i>pramipexole dihydrochloride</i>	2	MO
<i>ropinirole hcl immediate release tabs</i>	2	MO
<i>selegiline hcl caps</i>	3	
<i>selegiline hcl tabs</i>	3	MO
<i>trihexyphenidyl hcl</i>	2	PA MO
<u>Antipsychotics</u>		
ABILIFY DISCMELT	4	QL (60 EA per 30 days)
ABILIFY MAINTENA	4	
ABILIFY INJ	4	
ABILIFY TABS	4	QL (30 EA per 30 days) MO
ABILIFY ORAL SOLN	4	QL (900 ML per 30 days)
ADASUVE	4	
<i>chlorpromazine hcl inj, tabs</i>	4	MO
<i>clozapine</i>	3	
<i>clozapine odt</i>	3	
<i>compazine supp</i>	4	
<i>compro</i>	4	MO
FANAPT	4	QL (60 EA per 30 days) ST MO
FANAPT TITRATION PACK	4	QL (16 EA per 365 days) ST
FAZACLO	4	ST
<i>fluphenazine decanoate inj</i>	2	
<i>fluphenazine hcl inj</i>	2	
<i>fluphenazine hcl conc, elix, tabs</i>	2	MO
GEODON INJ	4	MO
<i>haloperidol decanoate</i>	4	MO
<i>haloperidol lactate</i>	4	MO
<i>haloperidol conc, tabs</i>	2	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INJ 78MG/0.5ML	4	QL (0.5 ML per 28 days)
INVEGA SUSTENNA INJ 117MG/0.75ML	4	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INJ 156MG/ML	4	QL (1 ML per 28 days)
INVEGA SUSTENNA INJ 234MG/1.5ML	4	QL (1.5 ML per 28 days)
INVEGA TB24 1.5MG, 9MG	4	QL (30 EA per 30 days) ST
INVEGA TB24 3MG	4	QL (30 EA per 30 days) ST MO
INVEGA TB24 6MG	4	QL (60 EA per 30 days) ST MO
LATUDA	4	QL (30 EA per 30 days)
<i>loxapine succinate caps</i>	4	MO
<i>olanzapine odt</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	4	MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	4	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
ORAP	4	
<i>perphenazine tabs</i>	4	MO
<i>prochlorperazine supp</i>	4	MO
<i>prochlorperazine edisylate inj</i>	2	MO
<i>prochlorperazine maleate tabs</i>	2	MO
<i>quetiapine fumarate tabs 200mg</i>	4	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	4	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	4	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 50mg</i>	4	QL (90 EA per 30 days) MO
RISPERDAL CONSTA	4	
<i>risperidone odt tbdp 4mg</i>	4	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg, 3mg</i>	4	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	2	MO
<i>risperidone tabs 4mg</i>	2	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO
SAPHRIS	4	QL (60 EA per 30 days) MO
SEROQUEL XR TB24 50MG	3	QL (180 EA per 30 days) MO
SEROQUEL XR TB24 150MG, 200MG	3	QL (30 EA per 30 days) MO
SEROQUEL XR TB24 300MG, 400MG	3	QL (60 EA per 30 days) MO
<i>thioridazine hcl tabs</i>	4	PA MO
<i>thiothixene caps</i>	2	MO
<i>trifluoperazine hcl tabs</i>	4	MO
VERSACLOZ	5	ST
<i>ziprasidone hcl</i>	4	QL (60 EA per 30 days) MO
ZYPREXA RELPREVV INJ 405MG	4	QL (1 EA per 28 days)
ZYPREXA RELPREVV INJ 210MG, 300MG	4	QL (2 EA per 28 days)
<u>Antispasticity Agents</u>		
<i>baclofen tabs</i>	2	MO
<i>dantrolene sodium caps</i>	4	MO
<i>tizanidine hcl tabs</i>	2	MO
<u>Antivirals</u>		
<i>abacavir</i>	4	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	
<i>acyclovir sodium inj 1000mg, 50mg/ml</i>	2	B/D
<i>acyclovir caps, susp, tabs</i>	2	MO
<i>acyclovir oint</i>	4	MO
<i>adefovir dipivoxil</i>	2	QL (30 EA per 30 days) MO
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
ATRIPLA	5	QL (30 EA per 30 days) MO
BARACLUDE SOLN	4	QL (630 ML per 30 days) MO
BARACLUDE TABS	5	QL (30 EA per 30 days) MO
COMPLERA	5	QL (30 EA per 30 days)
CRIXIVAN CAPS 200MG, 400MG	3	MO
DENAVIR	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>didanosine</i>	4	MO
EDURANT	5	QL (30 EA per 30 days)
EMTRIVA SOLN	4	
EMTRIVA CAPS	4	MO
EPIVIR HBV SOLN	4	MO
EPIVIR SOLN	4	MO
EPZICOM	5	MO
<i>famciclovir tabs 125mg, 250mg</i>	4	QL (60 EA per 30 days) MO
<i>famciclovir tabs 500mg</i>	4	QL (90 EA per 30 days) MO
<i>foscarnet sodium</i>	4	B/D
FUZEON INJ 90MG	5	QL (60 EA per 30 days)
<i>ganciclovir inj</i>	2	B/D
INTELENCE TABS 25MG	4	QL (180 EA per 30 days)
INTELENCE TABS 100MG, 200MG	5	QL (60 EA per 30 days)
INVIRASE CAPS	4	MO
INVIRASE TABS	5	MO
ISENTRESS PACK	3	QL (60 EA per 30 days)
ISENTRESS TABS	5	QL (120 EA per 30 days) MO
ISENTRESS CHEW 25MG	3	QL (180 EA per 30 days) MO
ISENTRESS CHEW 100MG	5	QL (180 EA per 30 days) MO
KALETRA SOLN	5	QL (390 ML per 30 days) MO
KALETRA TABS 100MG; 25MG	4	QL (240 EA per 30 days) MO
KALETRA TABS 200MG; 50MG	5	QL (120 EA per 30 days) MO
<i>lamivudine</i>	3	MO
<i>lamivudine/zidovudine</i>	5	MO
LEXIVA SUSP	4	
LEXIVA TABS	5	MO
<i>moderiba tabs 200mg</i>	3	PA
<i>nevirapine</i>	4	MO
<i>nevirapine er</i>	4	
NORVIR	4	MO
OLYSIO	5	QL (30 EA per 30 days) PA
PEG-INTRON	5	PA
PEG-INTRON REDIPEN	5	PA
PREZISTA SUSP	5	
PREZISTA TABS 75MG	4	
PREZISTA TABS 150MG, 800MG	5	
PREZISTA TABS 600MG	5	MO
RELENZA DISKHALER	4	QL (120 EA per 365 days) MO
RESCRIPTOR	3	
RETROVIR IV INFUSION	4	
REYATAZ CAPS 150MG, 200MG, 300MG	5	MO
<i>ribasphere caps</i>	4	PA
<i>ribasphere tabs 200mg</i>	4	PA
<i>ribavirin</i>	3	PA
<i>rimantadine hcl</i>	2	MO
SELZENTRY TABS 300MG	5	QL (120 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABS 150MG	5	QL (60 EA per 30 days) MO
SOVALDI	5	QL (28 EA per 28 days) PA
<i>stavudine</i>	4	MO
STRIBILD	5	QL (30 EA per 30 days)
SUSTIVA	4	MO
TAMIFLU CAPS 30MG	4	QL (168 EA per 365 days) MO
TAMIFLU CAPS 45MG, 75MG	4	QL (84 EA per 365 days) MO
TAMIFLU SUSR 6MG/ML	4	QL (1080 ML per 365 days) MO
TIVICAY	5	QL (60 EA per 30 days)
TRUVADA	5	QL (30 EA per 30 days) MO
TYZEKA	4	QL (30 EA per 30 days) MO
<i>valacyclovir hcl</i>	4	MO
VALCYTE	5	MO
VICTRELIS	5	QL (360 EA per 30 days) PA
VIDEX PEDIATRIC	4	MO
VIRACEPT TABS	5	
VIRAMUNE XR TB24 100MG	4	
VIRAMUNE SUSP	4	MO
VIRAZOLE	5	
VIREAD POWD	4	
VIREAD TABS 150MG, 200MG, 250MG	4	
VIREAD TABS 300MG	4	MO
ZIAGEN SOLN	4	
<i>zidovudine</i>	3	MO
<u>Anxiolytics</u>		
<i>alprazolam tabs 0.25mg, 0.5mg</i>	3	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	3	QL (150 EA per 30 days) MO
<i>bupirone hcl tabs</i>	2	MO
<i>clorazepate dipotassium tabs 15mg</i>	4	QL (180 EA per 30 days) MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	4	QL (90 EA per 30 days) MO
<i>diazepam intensol</i>	4	QL (240 ML per 30 days) PA MO
<i>diazepam inj 5mg/ml</i>	4	QL (240 ML per 30 days) PA MO
<i>diazepam oral soln 1mg/ml</i>	4	QL (1200 ML per 30 days) PA MO
<i>diazepam tabs 10mg, 2mg, 5mg</i>	4	QL (120 EA per 30 days) PA MO
<i>lorazepam intensol</i>	3	QL (150 ML per 30 days) MO
<i>lorazepam tabs</i>	3	QL (90 EA per 30 days) MO
<i>lorazepam inj 4mg/ml</i>	3	QL (120 ML per 30 days)
<i>lorazepam inj 2mg/ml</i>	3	QL (120 ML per 30 days) MO
<i>temazepam caps 15mg, 30mg</i>	2	QL (30 EA per 30 days) MO
<i>triazolam</i>	2	QL (60 EA per 30 days) MO
<u>Bipolar Agents</u>		
EQUETRO	4	MO
<i>lithium carbonate er</i>	2	MO
<i>lithium carbonate caps, tabs</i>	2	MO
<i>lithium citrate</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<u>Blood Glucose Regulators</u>		
<i>acarbose</i>	2	MO
AVANDAMET	4	QL (60 EA per 30 days)
AVANDARYL TABS 2MG; 8MG, 4MG; 4MG, 4MG; 8MG	4	QL (30 EA per 30 days)
AVANDARYL TABS 1MG; 4MG, 2MG; 4MG	4	QL (60 EA per 30 days)
AVANDIA TABS 8MG	4	QL (30 EA per 30 days) MO
AVANDIA TABS 2MG, 4MG	4	QL (60 EA per 30 days) MO
<i>glimepiride</i>	1	MO
<i>glipizide er</i>	1	MO
<i>glipizide xl</i>	1	
<i>glipizide/metformin hcl</i>	2	MO
<i>glipizide tabs</i>	1	MO
GLUCAGEN	3	QL (4 EA per 30 days)
GLUCAGEN HYPOKIT	3	QL (4 EA per 30 days) MO
GLUCAGON EMERGENCY KIT	3	QL (4 EA per 30 days) MO
<i>glyburide micronized</i>	4	PA MO
<i>glyburide/metformin hcl</i>	4	PA MO
<i>glyburide tabs</i>	4	PA MO
HUMALOG	4	ST MO
HUMALOG KWIKPEN	4	ST MO
HUMALOG MIX 50/50	4	ST MO
HUMALOG MIX 50/50 KWIKPEN	4	ST MO
HUMALOG MIX 75/25	4	ST MO
HUMALOG MIX 75/25 KWIKPEN	4	ST MO
HUMULIN 70/30	4	ST MO
HUMULIN 70/30 PEN	4	ST MO
HUMULIN N	4	ST MO
HUMULIN N U-100 PEN	4	ST MO
HUMULIN R	4	ST MO
HUMULIN R U-500 (CONCENTRATED)	4	ST MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JENTADUETO	3	MO
LANTUS	4	ST MO
LANTUS SOLOSTAR	4	ST MO
LEVEMIR	3	MO
LEVEMIR FLEXPEN	3	MO
<i>metformin hcl er</i>	1	MO
<i>metformin hcl tabs</i>	1	MO
<i>nateglinide</i>	2	MO
NOVOLIN 70/30	3	MO
NOVOLIN N	3	MO
NOVOLIN R	3	MO
NOVOLOG	3	MO
NOVOLOG FLEXPEN	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
NOVOLOG PENFILL	3	MO
<i>pioglitazone hcl</i>	2	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	2	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	2	QL (90 EA per 30 days) MO
PROGLYCEM	4	MO
<i>repaglinide tabs 0.5mg, 1mg</i>	2	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	2	QL (240 EA per 30 days) MO
SYMLINPEN 120	4	QL (10.8 ML per 30 days) MO
SYMLINPEN 60	4	QL (6 ML per 30 days) MO
<i>tolazamide</i>	2	MO
<i>tolbutamide</i>	2	MO
TRADJENTA	3	MO
VICTOZA	3	QL (9 ML per 30 days) MO
<u>Blood Products/Modifiers/Volume Expanders</u>		
AGGRENEX	3	QL (60 EA per 30 days) MO
<i>anagrelide hydrochloride</i>	2	MO
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	3	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 25MCG/ML, 40MCG/ML, 60MCG/ML	3	QL (4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.75ML	5	QL (3 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/ML, 300MCG/ML	5	QL (4 ML per 28 days) PA
BRILINTA	3	QL (60 EA per 30 days) MO
<i>cilostazol</i>	2	MO
<i>clopidogrel tabs 300mg</i>	2	QL (2 EA per 365 days)
<i>clopidogrel tabs 75mg</i>	2	QL (30 EA per 30 days) MO
CYKLOKAPRON	3	
EFFIENT	3	QL (30 EA per 30 days) MO
<i>enoxaparin sodium</i>	4	MO
<i>fondaparinux sodium</i>	4	
FRAGMIN	4	
<i>heparin sodium/d5w</i>	4	
<i>heparin sodium/nacl 0.45%</i>	4	
<i>heparin sodium/nacl 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9% premix</i>	4	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>jantoven</i>	2	
LEUKINE INJ 250MCG	5	PA
NEUMEGA	5	PA
NEUPOGEN	5	PA
PRADAXA	3	QL (60 EA per 30 days) MO
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	QL (12 ML per 28 days) PA
PROCRIT INJ 40000UNIT/ML	5	QL (8 ML per 28 days) PA
PROMACTA	5	QL (30 EA per 30 days) PA LA
<i>ticlopidine hcl</i>	4	PA MO
<i>tranexamic acid tabs</i>	3	QL (30 EA per 5 days) PA MO
<i>tranexamic acid inj</i>	4	
<i>warfarin sodium tabs</i>	2	MO
XARELTO TABS 10MG	3	QL (30 EA per 30 days)
XARELTO TABS 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 15MG	3	QL (60 EA per 30 days)
<u>Cardiovascular Agents</u>		
<i>acebutolol hcl caps</i>	2	MO
<i>acetazolamide er</i>	4	MO
<i>acetazolamide tabs</i>	3	MO
ADVICOR TB24 20MG; 500MG, 40MG; 1000MG	4	QL (30 EA per 30 days) MO
ADVICOR TB24 20MG; 1000MG, 20MG; 750MG	4	QL (60 EA per 30 days) MO
<i>afeditab cr</i>	2	
ALTOPREV	4	QL (30 EA per 30 days) ST
<i>amiloride hcl tabs</i>	2	MO
<i>amiloride/hydrochlorothiazide</i>	2	MO
<i>amiodarone hcl tabs 100mg, 400mg</i>	2	
<i>amiodarone hcl tabs 200mg</i>	2	MO
<i>amlodipine besylate/atorvastatin calcium</i>	4	MO
<i>amlodipine besylate/benazepril hcl</i>	2	QL (30 EA per 30 days) MO
<i>amlodipine besylate/benazepril hydrochloride</i>	2	QL (30 EA per 30 days) MO
<i>amlodipine besylate tabs</i>	2	MO
AMTURNIDE	3	QL (30 EA per 30 days) MO
ANTARA CAPS 30MG, 90MG	3	MO
ATACAND HCT TABS 32MG; 12.5MG, 32MG; 25MG	4	QL (30 EA per 30 days) MO
ATACAND HCT TABS 16MG; 12.5MG	4	QL (60 EA per 30 days) MO
<i>atenolol/chlorthalidone</i>	2	MO
<i>atenolol tabs</i>	2	MO
<i>atorvastatin calcium</i>	1	MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
<i>benazepril hcl tabs</i>	1	MO
BENICAR HCT	3	QL (30 EA per 30 days) MO
BENICAR TABS 20MG	3	QL (30 EA per 30 days)
BENICAR TABS 40MG, 5MG	3	QL (30 EA per 30 days) MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide inj, tabs</i>	3	MO
<i>candesartan cilexetil</i>	2	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	2	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	2	QL (60 EA per 30 days) MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>captopril tabs</i>	1	MO
<i>cartia xt</i>	2	
<i>carvedilol</i>	2	MO
<i>chlorothiazide tabs</i>	2	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO
<i>cholestyramine light</i>	2	MO
<i>cholestyramine pack, powd</i>	2	MO
<i>clonidine hcl tabs</i>	2	MO
<i>clonidine hcl ptwk</i>	4	QL (8 EA per 28 days) MO
CLOPPRES	4	MO
<i>colestipol hcl</i>	1	MO
<i>colestipol hcl for oral suspension</i>	1	MO
COREG CR	4	QL (30 EA per 30 days) MO
CRESTOR	3	QL (30 EA per 30 days) MO
DEMSER	4	MO
DIBENZYLINE	3	
<i>digox</i>	2	
<i>digoxin oral soln, tabs</i>	2	MO
<i>digoxin inj</i>	4	MO
<i>dilt-cd</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem cd</i>	2	MO
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er tb24</i>	2	
<i>diltiazem hcl er cp12, cp24</i>	2	MO
<i>diltiazem hcl inj</i>	2	
<i>diltiazem hcl tabs</i>	2	MO
<i>diltzac</i>	2	
DIOVAN HCT	4	QL (30 EA per 30 days) MO
DIOVAN TABS 320MG	4	QL (30 EA per 30 days) MO
DIOVAN TABS 160MG, 40MG, 80MG	4	QL (60 EA per 30 days) MO
<i>disopyramide phosphate caps</i>	2	PA MO
<i>doxazosin mesylate</i>	2	MO
DYRENIUM	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate tabs</i>	1	MO
<i>eplerenone</i>	4	MO
<i>eprosartan mesylate</i>	1	QL (30 EA per 30 days) MO
EXFORGE	3	QL (30 EA per 30 days) MO
EXFORGE HCT	3	QL (30 EA per 30 days) MO
<i>felodipine er</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate caps 150mg, 50mg</i>	1	
<i>fenofibrate caps 130mg, 43mg</i>	1	MO
<i>fenofibrate tabs</i>	1	MO
<i>fenofibric acid</i>	1	
<i>fenofibric acid dr</i>	1	MO
FENOGLIDE	4	
<i>flecainide acetate</i>	2	MO
<i>fluvastatin</i>	4	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>furosemide inj, oral soln, tabs</i>	2	MO
<i>gemfibrozil tabs</i>	1	MO
<i>hydralazine hcl inj, tabs</i>	2	MO
<i>hydrochlorothiazide caps, tabs</i>	1	MO
<i>indapamide tabs</i>	1	MO
INNOPRAN XL	4	MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide dinitrate tabs</i>	2	MO
<i>isosorbide mononitrate</i>	2	MO
<i>isosorbide mononitrate er</i>	2	MO
<i>isradipine</i>	4	MO
<i>labetalol hcl inj</i>	2	
<i>labetalol hcl tabs</i>	2	MO
LIPOFEN	3	
<i>lisinopril</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>lovastatin</i>	1	MO
LOVAZA	4	QL (120 EA per 30 days) MO
<i>matzim la</i>	2	
<i>methazolamide</i>	4	MO
<i>methyclothiazide tabs</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate er</i>	2	MO
<i>metoprolol tartrate inj, tabs</i>	2	MO
<i>metoprolol/hydrochlorothiazide</i>	2	MO
<i>mexiletine hcl</i>	4	MO
<i>micronized colestipol hcl</i>	1	
<i>midodrine hcl</i>	4	MO
<i>minitran</i>	2	
<i>minoxidil tabs</i>	2	MO
<i>moexipril hcl</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril/hydrochlorothiazide</i>	1	MO
MULTAQ	4	QL (60 EA per 30 days) MO
<i>nadolol/bendroflumethiazide</i>	2	MO
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	MO
<i>niacin er</i>	2	MO
<i>nicardipine hcl caps</i>	2	MO
<i>nifedical xl</i>	2	
<i>nifedipine er</i>	2	MO
<i>nimodipine caps</i>	4	MO
<i>nisoldipine</i>	4	MO
<i>nisoldipine er</i>	4	MO
<i>nitroglycerin lingual spray</i>	4	
<i>nitroglycerin transdermal pt24 0.1mg/hr, 0.6mg/hr</i>	2	MO
<i>nitroglycerin inj</i>	2	
<i>nitroglycerin pt24 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	MO
NITROMIST	4	MO
NITROSTAT	4	MO
NYMALIZE	5	PA
<i>omega-3-acid ethyl esters</i>	2	QL (120 EA per 30 days)
<i>pacerone</i>	2	
<i>pentoxifylline er</i>	2	MO
<i>perindopril erbumine</i>	2	MO
<i>pindolol</i>	2	MO
<i>pravastatin sodium</i>	1	MO
<i>prazosin hcl</i>	2	MO
<i>prevalite</i>	2	MO
<i>propafenone hcl</i>	4	MO
<i>propafenone hcl er cp12 225mg, 425mg</i>	4	
<i>propafenone hcl er cp12 325mg</i>	4	MO
<i>propranolol hcl er</i>	2	MO
<i>propranolol hcl inj</i>	2	
<i>propranolol hcl oral soln, tabs</i>	2	MO
<i>propranolol/hydrochlorothiazide</i>	2	MO
<i>quinapril hcl</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>quinidine gluconate cr</i>	4	MO
<i>quinidine gluconate er</i>	4	MO
<i>quinidine sulfate</i>	2	MO
<i>quinidine sulfate er</i>	2	MO
<i>ramipril</i>	1	MO
RANEXA	4	QL (60 EA per 30 days) ST
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>simvastatin tabs 80mg</i>	1	QL (30 EA per 30 days) MO
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	MO
<i>sotalol hcl (af)</i>	2	MO
<i>spironolactone/hydrochlorothiazide</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone tabs</i>	2	MO
<i>taztia xt</i>	2	
TEKAMLO TABS 300MG; 10MG, 300MG; 5MG	3	QL (30 EA per 30 days) MO
TEKAMLO TABS 150MG; 10MG, 150MG; 5MG	3	QL (30 EA per 30 days) MO
TEKTURNA	3	QL (30 EA per 30 days) MO
TEKTURNA HCT TABS 150MG; 12.5MG, 300MG; 12.5MG, 300MG; 25MG	3	QL (30 EA per 30 days) MO
TEKTURNA HCT TABS 150MG; 25MG	3	QL (30 EA per 30 days) MO
<i>telmisartan</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochloroth</i>	2	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO
<i>terazosin hcl</i>	2	MO
TIKOSYN	4	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
TOPROL XL	4	MO
<i>toremide tabs</i>	3	MO
<i>trandolapril</i>	1	MO
<i>triamterene/hydrochlorothiazide</i>	2	MO
TRIGLIDE TABS 160MG	4	
<i>valsartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO
VASCEPA	4	QL (120 EA per 30 days)
<i>verapamil hcl er</i>	2	MO
<i>verapamil hcl sr cp24</i>	2	MO
<i>verapamil hcl sr tbc 240mg</i>	2	MO
<i>verapamil hcl inj, tabs</i>	2	MO
WELCHOL	3	MO
ZETIA	4	QL (30 EA per 30 days) MO
<u>Central Nervous System Agents</u>		
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	3	QL (60 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	3	QL (90 EA per 30 days) PA MO
COPAXONE INJ 20MG/ML	5	QL (30 EA per 30 days) PA
<i>dexmethylphenidate hcl immediate release tabs</i>	2	QL (60 EA per 30 days) PA MO
<i>dextroamphetamine sulfate tabs</i>	4	QL (180 EA per 30 days) PA MO
<i>dextroamphetamine sulfate soln</i>	4	QL (1800 ML per 30 days) PA MO
EXTAVIA	5	QL (15 EA per 30 days) PA
INTUNIV	4	QL (30 EA per 30 days) PA
<i>metadate er</i>	4	QL (90 EA per 30 days) PA
<i>methylphenidate hcl er tbc 10mg, 20mg</i>	4	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl sr 20mg tab</i>	4	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl tabs 5mg, 10mg, 20mg</i>	2	QL (90 EA per 30 days) PA MO
NUEDEXTA	3	QL (60 EA per 30 days)
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (4.2 ML per 28 days) PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
REBIF TITRATION PACK	5	QL (4.2 ML per 28 days) PA
<i>riluzole</i>	5	MO
XENAZINE TABS 25MG	5	QL (120 EA per 30 days) PA LA
XENAZINE TABS 12.5MG	5	QL (90 EA per 30 days) PA LA
<u>Dental and Oral Agents</u>		
<i>cevimeline hcl</i>	2	MO
<i>chlorhexidine gluconate oral rinse</i>	2	MO
<i>oralone</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl</i>	2	MO
<i>pilocarpine hydrochloride</i>	2	MO
<i>triamcinolone acetonide pste 0.1%</i>	2	MO
<i>triamcinolone in orabase</i>	2	MO
<u>Dermatological Agents</u>		
8-MOP	4	
<i>acitretin</i>	5	PA MO
AKNE-MYCIN	4	MO
ALTABAX	4	MO
<i>ammonium lactate crea, lotn</i>	2	MO
<i>amnesteem</i>	4	PA
<i>avita crea</i>	4	PA
<i>avita gel</i>	4	PA MO
AZELEX	4	MO
<i>calcipotriene oint</i>	4	
<i>calcipotriene crea, soln</i>	4	MO
<i>calcitrene</i>	4	
<i>claravis</i>	4	PA
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	MO
<i>clindamycin phosphate lotn 1%</i>	2	MO
<i>clindamycin phosphate external soln 1%</i>	2	MO
<i>clindamycin phosphate swab 1%</i>	2	MO
<i>clindamycin/benzoyl peroxide gel 5%; 1.2%</i>	4	
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	4	MO
ELIDEL	4	QL (60 GM per 30 days) ST MO
<i>ery acne pad</i>	2	
<i>erythromycin/benzoyl peroxide</i>	2	MO
<i>erythromycin gel 2%</i>	2	MO
<i>erythromycin pads 2%</i>	2	
<i>erythromycin soln 2%</i>	2	MO
<i>fluorouracil crea 5%</i>	4	MO
<i>fluorouracil external soln 2%, 5%</i>	4	
<i>gentamicin sulfate crea 0.1%</i>	2	MO
<i>gentamicin sulfate external oint 0.1%</i>	2	MO
<i>imiquimod crea</i>	4	MO
<i>methoxsalen caps</i>	5	
<i>metronidazole crea 0.75%</i>	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole gel 0.75%, 1%</i>	4	MO
<i>metronidazole lotn 0.75%</i>	4	MO
<i>mupirocin calcium cream</i>	4	
<i>mupirocin oint</i>	2	MO
<i>mupirocin crea</i>	4	
<i>myorisan</i>	4	PA
NORITATE	4	
OXSORALEN	4	MO
PICATO GEL 0.05%	3	QL (2 EA per 30 days)
PICATO GEL 0.015%	3	QL (3 EA per 30 days)
<i>podofilox soln</i>	4	MO
REGRANEX	5	QL (15 GM per 30 days) PA MO
<i>rosadan</i>	4	
SANTYL	3	MO
<i>selenium sulfide lotn</i>	2	
<i>silver sulfadiazine</i>	2	MO
<i>sodium sulfacetamide lotn 10%</i>	4	
<i>ssd</i>	2	
<i>sulfacetamide sodium susp 10%</i>	4	MO
SULFAMYLON CREAM	4	
TAZORAC	4	MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	PA MO
<i>tretinoin gel 0.01%</i>	4	PA
<i>tretinoin gel 0.025%</i>	4	PA MO
VEREGEN	4	MO
<i>zenatane</i>	4	PA
ZONALON	4	MO
<u>Enzyme Replacement/Modifiers</u>		
ADAGEN	5	PA LA
ALDURAZYME	5	PA LA
BUPHENYL TABS	5	PA
CEREZYME INJ 400UNIT	5	PA
CREON	3	MO
CYSTADANE	5	
CYSTAGON	4	PA
FABRAZYME	5	PA
KUVAN	5	PA
LUMIZYME	5	
NAGLAZYME	5	PA LA
ORFADIN	5	PA
<i>pancrelipase</i>	2	MO
<i>sodium phenylbutyrate powd</i>	5	PA
VPRIV	5	PA
ZAVESCA	5	PA LA
ZENPEP	3	MO
<u>Gastrointestinal Agents</u>		
AMITIZA	3	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
CANTIL	4	MO
<i>cimetidine hcl soln</i>	2	MO
<i>cimetidine tabs</i>	2	MO
<i>constulose</i>	2	
<i>cromolyn sodium conc 100mg/5ml</i>	2	MO
<i>dicyclomine hcl caps, soln, tabs</i>	4	PA MO
<i>enulose</i>	2	
<i>esomeprazole sodium inj</i>	3	
<i>famotidine premixed</i>	4	
<i>famotidine susr</i>	2	MO
<i>famotidine inj 20mg/2ml</i>	2	MO
<i>famotidine tabs 20mg, 40mg</i>	2	MO
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flower pack</i>	2	
<i>generlac</i>	2	
<i>glycopyrrolate inj, tabs</i>	4	MO
GOLYTELY SOLR 227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	4	
GOLYTELY SOLR 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	4	
KRISTALOSE PACK 10GM	4	
KRISTALOSE PACK 20GM	4	MO
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	2	
<i>lactulose soln 10gm/15ml</i>	2	MO
<i>lansoprazole cpdr</i>	3	QL (30 EA per 30 days) MO
<i>loperamide hcl caps</i>	2	MO
LOTRONEX	5	QL (60 EA per 30 days)
<i>methscopolamine bromide</i>	2	MO
<i>metoclopramide hcl inj, oral soln, tabs</i>	2	MO
<i>misoprostol tabs</i>	2	MO
MOTOFEN	4	PA MO
MOVIPREP	4	
<i>nizatidine</i>	2	MO
<i>omeprazole cpdr 20mg</i>	2	MO
<i>omeprazole cpdr 10mg</i>	2	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 40mg</i>	2	QL (60 EA per 30 days) MO
OSMOPREP	4	
<i>pantoprazole sodium inj</i>	2	
<i>pantoprazole sodium tbec 20mg</i>	2	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 40mg</i>	2	QL (60 EA per 30 days) MO
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	MO
<i>polyethylene glycol 3350 pack, powd</i>	2	MO
PREPOPIK	4	
<i>propantheline bromide</i>	2	PA MO
<i>ranitidine hcl caps, syrps</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl inj 150mg/6ml, 50mg/2ml</i>	2	
<i>ranitidine hcl tabs 150mg, 300mg</i>	2	MO
RELISTOR	4	PA
SUCLEAR	4	
<i>sucralfate susp</i>	4	
<i>sucralfate tabs</i>	4	MO
SUPREP BOWEL PREP	4	
<i>trilyte</i>	2	
<i>ursodiol caps, tabs</i>	4	MO
<u>Genitourinary Agents</u>		
<i>alfuzosin hcl er</i>	2	QL (30 EA per 30 days) MO
AVODART	3	QL (30 EA per 30 days) MO
<i>bethanechol chloride tabs</i>	3	MO
<i>calcium acetate caps</i>	3	MO
<i>calcium acetate tabs 667mg</i>	3	MO
DETROL LA	4	QL (30 EA per 30 days) ST MO
<i>finasteride tabs 5mg</i>	2	MO
<i>flavoxate hcl</i>	2	MO
FOSRENOL	4	
JALYN	3	QL (30 EA per 30 days) MO
<i>methylergonovine maleate tabs</i>	4	MO
MYRBETRIQ	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	2	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	2	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	2	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syrp</i>	2	QL (600 ML per 30 days) MO
RAPAFLO	4	QL (30 EA per 30 days)
RENVELA	3	
<i>sevelamer carbonate</i>	3	MO
<i>sodium chloride 0.9%</i>	2	MO
<i>tamsulosin hcl</i>	2	MO
THIOLA	3	MO
<i>tolterodine tartrate</i>	2	QL (60 EA per 30 days) MO
<i>tolterodine tartrate er</i>	4	QL (30 EA per 30 days) MO
<i>trospium chloride</i>	2	QL (60 EA per 30 days) MO
<i>trospium chloride er</i>	2	QL (30 EA per 30 days) MO
VESICARE	3	QL (30 EA per 30 days) MO
<u>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</u>		
<i>a-hydrocort</i>	2	MO
<i>alclometasone dipropionate</i>	2	MO
<i>amcinonide</i>	2	MO
APEXICON E	4	
<i>augmented betamethasone dipropionate</i>	2	MO
<i>betamethasone dipropionate crea, lotn, oint</i>	2	MO
<i>betamethasone valerate foam</i>	2	
<i>betamethasone valerate crea, lotn, oint</i>	2	MO
<i>budesonide cp24 3mg</i>	5	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
CAPEX	3	MO
<i>clobetasol propionate e</i>	2	MO
<i>clobetasol propionate emollient foam</i>	2	
<i>clobetasol propionate crea, foam, gel, lotn, oint, sham, soln</i>	2	MO
CLOBEX SPRAY	4	MO
<i>colocort</i>	2	
CORDRAN TAPE	4	
<i>cormax scalp application</i>	2	
CORTIFOAM	3	
<i>cortisone acetate tabs</i>	2	MO
<i>desonide crea, lotn, oint</i>	2	MO
<i>desoximetasone crea 0.05%</i>	2	
<i>desoximetasone crea 0.25%</i>	2	MO
<i>desoximetasone gel</i>	2	
<i>desoximetasone oint 0.05%</i>	2	
<i>desoximetasone oint 0.25%</i>	2	MO
DEXAMETHASONE INTENSOL	3	MO
<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml</i>	3	
<i>dexamethasone elix, soln, tabs</i>	3	MO
<i>diflorasone diacetate crea</i>	2	
<i>diflorasone diacetate oint</i>	2	MO
<i>fludrocortisone acetate tabs</i>	3	MO
<i>fluocinolone acetonide body</i>	2	MO
<i>fluocinolone acetonide scalp oil 0.01%</i>	2	MO
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	MO
<i>fluocinolone acetonide oint 0.025%</i>	2	MO
<i>fluocinolone acetonide soln 0.01%</i>	2	MO
<i>fluocinonide-e</i>	2	MO
<i>fluocinonide crea 0.1%</i>	2	
<i>fluocinonide crea 0.05%</i>	2	MO
<i>fluocinonide gel, oint, soln</i>	2	MO
<i>fluticasone propionate crea 0.05%</i>	2	MO
<i>fluticasone propionate lotn 0.05%</i>	2	MO
<i>fluticasone propionate oint 0.005%</i>	2	MO
<i>halobetasol propionate</i>	2	MO
HALOG	4	MO
<i>hydrocortisone butyrate (lipophilic)</i>	2	
<i>hydrocortisone butyrate oint, soln</i>	2	
<i>hydrocortisone butyrate crea</i>	2	MO
<i>hydrocortisone in absorbase</i>	2	
<i>hydrocortisone valerate oint</i>	2	
<i>hydrocortisone valerate crea</i>	2	MO
<i>hydrocortisone crea 2.5%</i>	2	MO
<i>hydrocortisone enem</i>	2	
<i>hydrocortisone tabs</i>	2	MO
<i>hydrocortisone lotn 2.5%</i>	2	MO
<i>hydrocortisone oint 1%, 2.5%</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone acetate inj</i>	4	MO
<i>methylprednisolone dose pack</i>	2	MO
<i>methylprednisolone sodiumsuccinate inj 1000mg, 1gm, 40mg</i>	4	
<i>methylprednisolone sodiumsuccinate inj 125mg</i>	4	MO
<i>methylprednisolone tabs 16mg, 32mg, 8mg</i>	2	
<i>methylprednisolone tabs 4mg</i>	2	MO
MILLIPRED	4	MO
MILLIPRED DP	4	MO
<i>mometasone furoate crea, oint, soln</i>	2	MO
<i>prednicarbate crea</i>	2	
<i>prednicarbate oint</i>	2	MO
<i>prednisolone sodium phosphate oral soln 25mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 5mg/5ml</i>	2	MO
<i>prednisolone soln, syrp</i>	2	MO
PREDNISON INTENSOL	4	MO
<i>prednisone soln, tabs</i>	2	MO
<i>proctozone-hc</i>	2	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	2	MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	2	MO
<i>triamcinolone acetonide oint 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	2	MO
TRIANEX	4	MO
<i>triderm crea</i>	2	
<u>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</u>		
<i>desmopressin acetate inj, tabs</i>	2	MO
<i>desmopressin acetate nasal soln 0.01%</i>	2	
EGRIFTA INJ 2MG	5	QL (30 EA per 30 days) PA
INCRELEX	5	PA LA
NORDITROPIN FLEXPRO	5	PA
NORDITROPIN NORDIFLEX PEN INJ 30MG/3ML	5	PA
<u>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</u>		
<i>altavera</i>	4	
<i>alyacen 1/35</i>	4	
<i>alyacen 7/7/7</i>	4	
<i>amethia</i>	4	
<i>amethia lo</i>	4	
AMETHYST	4	
ANADROL-50	4	
ANDROGEL PUMP GEL 1.62%	3	PA MO
ANDROGEL PUMP GEL 1%	3	QL (300 GM per 30 days) PA
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	3	PA MO
ANDROGEL GEL 25MG/2.5GM, 50MG/5GM	3	QL (300 GM per 30 days) PA MO
ANDROXY	4	PA MO
<i>apri</i>	4	
<i>aranelle</i>	4	
<i>aubra</i>	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>aviane</i>	4	
<i>azurette</i>	4	
<i>balziva</i>	4	
<i>briellyn</i>	4	
<i>camila</i>	4	
<i>camrese</i>	4	
<i>camrese lo</i>	4	
<i>caziant</i>	4	
<i>chateal</i>	4	
<i>cryselle-28</i>	4	MO
<i>cyclafem 1/35</i>	4	MO
<i>cyclafem 7/7/7</i>	4	MO
<i>daysee</i>	4	
DEPO-ESTRADIOL	4	MO
DEPO-PROVERA 400MG/ML	4	MO
<i>desogestrel/ethinyl estradiol tabs 0.15mg; 30mcg</i>	4	MO
DIVIGEL	4	MO
<i>drospirenone/ethinyl estradiol</i>	4	
<i>elinest</i>	4	
ELLA	3	
<i>emoquette</i>	4	
<i>enpresse-28</i>	4	
<i>enskyce</i>	4	
<i>errin</i>	4	
<i>estarylla</i>	4	
ESTRACE CREA	4	MO
<i>estradiol/norethindrone acetate</i>	4	PA
<i>estradiol tabs</i>	2	PA MO
<i>estradiol ptwk</i>	2	QL (4 EA per 28 days) PA MO
ESTRASORB	4	PA MO
ESTRING	4	QL (1 EA per 90 days) MO
EVAMIST	4	QL (16.2 ML per 30 days)
<i>falmina</i>	4	
FEMHRT LOW DOSE	4	PA MO
FEMRING	4	QL (1 EA per 84 days) MO
<i>gianvi</i>	4	
<i>gildagia</i>	4	
<i>gildess 1.5/30</i>	4	MO
<i>gildess 1/20</i>	4	MO
<i>gildess fe 1.5/30</i>	4	
<i>gildess fe 1/20</i>	4	
<i>heather</i>	4	
<i>introvale</i>	4	
<i>jencycla</i>	4	
<i>jinteli</i>	4	PA MO
<i>jolessa</i>	4	
<i>jolivette</i>	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	4	
<i>junel fe 1.5/30</i>	4	MO
<i>junel fe 1/20</i>	4	MO
<i>kariva</i>	4	
<i>kelnor 1/35</i>	4	MO
<i>kurvelo</i>	4	
<i>larin 1/20</i>	4	
<i>larin fe 1.5/30</i>	4	
<i>larin fe 1/20</i>	4	
<i>leena</i>	4	
<i>lessina</i>	4	
<i>levonest</i>	4	
<i>levonorgestrel</i>	2	
<i>levonorgestrel and ethinyl estradiol</i>	4	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 20mcg; 0.1mg</i>	4	
<i>levora 0.15/30-28</i>	4	
LO LOESTRIN FE	4	MO
LOMEDIA 24 FE	4	
<i>loryna</i>	4	MO
<i>low-ogestrel</i>	4	
<i>lutera</i>	4	
<i>lyza</i>	4	
<i>marlissa</i>	4	
<i>medroxyprogesterone acetate tabs</i>	2	MO
<i>medroxyprogesterone acetate inj</i>	4	MO
<i>megestrol acetate susp, tabs</i>	3	PA MO
MENEST	4	PA
<i>microgestin 1.5/30</i>	4	
<i>microgestin 1/20</i>	4	
<i>microgestin fe</i>	4	
<i>microgestin fe 1.5/30</i>	4	
<i>mimvey</i>	4	PA MO
<i>mimvey lo</i>	4	PA
<i>mono-linyah</i>	4	
<i>mononessa</i>	4	
<i>my way</i>	2	
<i>myzilra</i>	4	MO
<i>necon 0.5/35-28</i>	4	
<i>necon 1/35</i>	4	
NECON 1/50-28	4	
NECON 10/11-28	4	
<i>necon 7/7/7</i>	4	
<i>next choice one dose</i>	2	
<i>nora-be</i>	4	
<i>norethindrone acetate tabs</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone tabs</i>	4	MO
<i>norgestimate/ethinyl estradiol</i>	4	
NORINYL 1+50	4	
<i>nortrel 0.5/35 (28)</i>	4	MO
<i>nortrel 1/35</i>	4	
<i>nortrel 7/7/7</i>	4	
<i>ocella</i>	4	
OGESTREL	4	
<i>orsythia</i>	4	
<i>oxandrolone tabs 2.5mg</i>	3	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pimtreea</i>	4	
<i>pirmella 1/35</i>	4	
<i>pirmella 7/7/7</i>	4	
<i>portia-28</i>	4	
PREMARIN CREA	3	MO
<i>previfem</i>	4	MO
<i>progesterone caps</i>	4	MO
<i>progesterone inj 50mg/ml</i>	4	MO
<i>quasense</i>	4	
<i>raloxifene hydrochloride</i>	1	MO
<i>reclipsen</i>	4	
<i>sprintec 28</i>	4	
<i>sronyx</i>	4	
<i>syeda</i>	4	
TESTIM	3	QL (300 GM per 30 days) PA MO
<i>testosterone cypionate inj</i>	4	PA MO
<i>testosterone enanthate inj</i>	4	PA MO
<i>tilia fe</i>	4	
<i>tri-estarylla</i>	4	
<i>tri-legest fe</i>	4	MO
<i>tri-linyah</i>	4	
<i>tri-previfem</i>	4	
<i>tri-sprintec</i>	4	MO
<i>trinessa</i>	4	
<i>trivora-28</i>	4	
VAGIFEM	3	MO
<i>velivet</i>	4	MO
<i>vestura</i>	4	
<i>viorele</i>	4	
<i>vyfemla</i>	4	
<i>wymzya fe</i>	4	
<i>xulane</i>	4	MO
<i>zarah</i>	4	
<i>zenchent</i>	4	
<i>zenchent fe</i>	4	
<i>zovia 1/35e</i>	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>zovia 1/50e</i>	4	
<u>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</u>		
<i>levothyroxine sodium tabs</i>	2	MO
<i>levoxyl</i>	2	
<i>liothyronine sodium tabs</i>	2	MO
SYNTHROID	3	MO
THYROLAR-1	4	MO
THYROLAR-1/2	4	MO
THYROLAR-1/4	4	MO
THYROLAR-2	4	MO
THYROLAR-3	4	MO
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	2	
<u>Hormonal Agents, Suppressant (Adrenal)</u>		
LYSODREN	3	MO
<u>Hormonal Agents, Suppressant (Parathyroid)</u>		
SENSIPAR TABS 30MG	3	QL (60 EA per 30 days)
SENSIPAR TABS 90MG	5	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	5	QL (60 EA per 30 days)
<u>Hormonal Agents, Suppressant (Pituitary)</u>		
<i>cabergoline</i>	4	MO
FIRMAGON INJ 80MG	4	PA
FIRMAGON INJ 120MG	5	PA
<i>leuprolide acetate inj</i>	2	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT-PED	5	PA
<i>octreotide acetate</i>	4	PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SOMATULINE DEPOT INJ 60MG/0.2ML	5	QL (0.2 ML per 28 days) PA
SOMATULINE DEPOT INJ 90MG/0.3ML	5	QL (0.3 ML per 28 days) PA
SOMATULINE DEPOT INJ 120MG/0.5ML	5	QL (0.5 ML per 28 days) PA
SOMAVERT	5	PA LA
SYNAREL	5	MO
TRELSTAR DEPOT MIXJECT	5	PA
TRELSTAR LA MIXJECT	5	PA
TRELSTAR MIXJECT	5	PA
<u>Hormonal Agents, Suppressant (Thyroid)</u>		
<i>methimazole tabs</i>	2	MO
<i>propylthiouracil tabs</i>	2	MO
<u>Immunological Agents</u>		
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	5	QL (40 ML per 28 days) PA
ACTHIB	4	
ACTIMMUNE	5	PA LA
ADACEL	4	
ARCALYST	5	PA
ATGAM	5	PA
<i>azathioprine tabs</i>	2	B/D MO

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Drug Name	Drug Tier	Requirements/Limits
<i>bcg vaccine</i>	2	
BENLYSTA	5	PA
BOOSTRIX	4	
CELLCEPT INTRAVENOUS	4	PA
CELLCEPT SUSR	5	PA MO
CERVARIX	4	
CIMZIA	5	QL (6 EA per 28 days) PA
CIMZIA STARTER KIT	5	QL (6 EA per 28 days) PA
CINRYZE	5	PA
COMVAX	4	
<i>cyclosporine modified</i>	2	PA MO
<i>cyclosporine caps</i>	2	PA
<i>cyclosporine inj</i>	4	PA
DAPTACEL	4	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	2	
ENGERIX-B INJ 10MCG/0.5ML, 20MCG/ML	3	B/D
FIRAZYR	5	QL (270 ML per 30 days) PA
GAMASTAN S/D	3	PA
GAMMAPLEX INJ 10GM/200ML, 2.5GM/50ML, 5GM/100ML	5	PA
GAMUNEX-C	5	PA
GARDASIL	4	MO
<i>gengraf caps</i>	2	PA
<i>gengraf soln</i>	2	PA MO
HAVRIX	4	B/D
<i>hecoria</i>	4	PA
HUMIRA PEN	5	QL (6 EA per 28 days) PA
HUMIRA PEN-CROHNS DISEASESTARTER	5	QL (6 EA per 28 days) PA
HUMIRA PEN-PSORIASIS STARTER	5	QL (6 EA per 28 days) PA
HUMIRA INJ 20MG/0.4ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
ILARIS	5	QL (2 EA per 28 days) PA
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	4	
IPOL INACTIVATED IPV	3	
IXIARO	4	
KINRIX	4	
<i>leflunomide</i>	2	MO
M-M-R II W/DILUENT 10 DOSE	3	
MENACTRA	4	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	4	
<i>methotrexate sodium inj</i>	2	
<i>methotrexate tabs</i>	2	MO
<i>mycophenolate mofetil</i>	4	PA MO
NULOJIX	5	PA MO
PEDIARIX	4	

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Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB	4	
PENTACEL	4	
PROGRAF INJ	4	PA
PROQUAD	4	
RABAVERT	4	B/D
RAPAMUNE SOLN	4	PA MO
RAPAMUNE TABS 1MG, 2MG	4	PA MO
RECOMBIVAX HB INJ 5MCG/0.5ML	4	B/D
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML	4	B/D
REMICADE	5	PA
RIDAURA	4	
ROTARIX	4	
ROTATEQ	3	
SANDIMMUNE SOLN	4	PA MO
SIMULECT	5	B/D
<i>sirolimus tabs</i>	4	PA
SYNAGIS	5	PA
<i>tacrolimus caps</i>	4	PA MO
TENIVAC INJ 2LFU; 5LFU	4	
<i>tetanus toxoid adsorbed</i>	3	B/D
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	3	
THYMOGLOBULIN	5	PA
TWINRIX	4	
TYPHIM VI	4	
VAQTA INJ 50UNIT/ML	4	B/D
VAQTA INJ 25UNIT/0.5ML	4	B/D
VARIVAX	3	
YF-VAX	3	
ZORTRESS TABS 0.25MG	4	PA MO
ZORTRESS TABS 0.5MG, 0.75MG	5	PA MO
ZOSTAVAX	4	QL (1 EA per 365 days)
<u>Inflammatory Bowel Disease Agents</u>		
APRISO	3	
ASACOL HD	4	MO
<i>balsalazide disodium</i>	2	MO
CANASA	4	
DELZICOL	4	MO
DIPENTUM	4	
LIALDA	4	
<i>mesalamine enem, kit</i>	2	
PENTASA	4	
<i>sulfasalazine tbec</i>	2	
<i>sulfasalazine tabs</i>	2	MO
<i>sulfazine</i>	2	
<i>sulfazine ec</i>	2	MO
<u>Metabolic Bone Disease Agents</u>		
ACTONEL TABS 150MG	4	QL (1 EA per 28 days) ST MO

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Drug Name	Drug Tier	Requirements/Limits
ACTONEL TABS 30MG, 5MG	4	QL (30 EA per 30 days) ST MO
ACTONEL TABS 35MG	4	QL (4 EA per 28 days) ST MO
<i>alendronate sodium soln</i>	1	
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon</i>	2	MO
<i>calcitriol caps, oral soln</i>	2	MO
<i>calcitriol inj 1mcg/ml</i>	2	
<i>doxercalciferol caps</i>	4	MO
<i>etidronate disodium</i>	4	MO
FORTEO	5	QL (2.4 ML per 28 days) PA
FORTICAL	4	MO
<i>ibandronate sodium tabs</i>	1	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	1	QL (3 ML per 90 days)
MIACALCIN INJ	4	MO
<i>pamidronate disodium inj 30mg, 6mg/ml, 90mg/10ml, 90mg</i>	4	
<i>pamidronate disodium inj 30mg/10ml</i>	4	MO
<i>paricalcitol</i>	2	MO
PROLIA	4	QL (1 ML per 180 days) PA
<i>risedronate sodium</i>	3	QL (1 EA per 28 days)
XGEVA	5	PA
<i>zoledronic acid inj 5mg/100ml</i>	4	
<i>zoledronic acid inj 4mg/5ml, 4mg</i>	5	
<u>Miscellaneous Therapeutic Agents</u>		
ALCOHOL PREPS	3	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	ST MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	ST MO
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	ST MO
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	ST MO
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	ST MO
BOTOX INJ 200UNIT	4	QL (2 EA per 84 days) PA
BOTOX INJ 100UNIT	4	QL (4 EA per 84 days) PA
CURITY GAUZE PADS 2"X2"	3	
V-GO 20	3	ST MO
V-GO 30	3	ST MO
V-GO 40	3	ST MO
<u>Ophthalmic Agents</u>		
ACUVAIL	4	MO
<i>ak-poly-bac</i>	2	
ALPHAGAN P SOLN 0.1%	3	MO
ALREX	3	MO
<i>apraclonidine</i>	2	MO
AZASITE	3	MO
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
AZOPT	3	MO
<i>bacitracin/neomycin/polymyxin</i>	2	MO
<i>bacitracin/polymyxin b</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin oint 500unit/gm</i>	2	MO
BESIVANCE	4	MO
<i>betaxolol hcl soln 0.5%</i>	2	MO
BETIMOL	4	
BETOPTIC-S	4	MO
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>brimonidine tartrate soln 0.15%</i>	1	
<i>brimonidine tartrate soln 0.2%</i>	1	MO
<i>bromfenac</i>	4	MO
<i>carteolol hcl</i>	1	MO
CILOXAN OINT	4	MO
<i>ciprofloxacin hcl soln 0.3%</i>	2	MO
COMBIGAN	3	MO
<i>cromolyn sodium soln 4%</i>	2	MO
CYSTARAN	5	QL (60 ML per 28 days)
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	MO
<i>diclofenac sodium</i>	2	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
DUREZOL	4	MO
<i>epinastine hcl</i>	2	MO
<i>erythromycin oint 5mg/gm</i>	2	MO
FLAREX	4	MO
<i>fluorometholone</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
FML OINT	4	MO
FML FORTE	4	MO
<i>garamycin oint</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak</i>	2	MO
<i>gentamicin sulfate ophthalmic oint 0.3%</i>	2	MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	MO
ILEVRO	4	MO
ISOPTO CARPINE	4	MO
ISTALOL	3	MO
<i>ketorolac tromethamine</i>	2	MO
LACRISERT	4	MO
<i>latanoprost</i>	1	MO
<i>levobunolol hcl soln 0.25%</i>	1	
<i>levobunolol hcl soln 0.5%</i>	1	MO
<i>levofloxacin ophthalmic soln 0.5%</i>	2	MO
LOTEMAX	3	MO
LUMIGAN SOLN 0.01%	3	MO
MAXIDEX	3	MO
<i>metipranolol</i>	1	
MOXEZA	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>naphazoline hcl</i>	2	MO
NATACYN	3	MO
<i>neo-polycin</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	MO
<i>neomycin/polymyxin/dexamethasone</i>	2	MO
<i>neomycin/polymyxin/gramicidin</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
NEVANAC	4	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	2	MO
PATADAY	4	MO
PATANOL	4	MO
PHOSPHOLINE IODIDE	4	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	MO
PRED MILD	4	MO
PRED-G	4	MO
PRED-G S.O.P.	4	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	MO
PROLENSA	4	MO
<i>proparacaine hcl</i>	2	MO
RESTASIS	3	MO
SIMBRINZA	4	MO
<i>sodium sulfacetamide soln 10%</i>	2	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
<i>sulfacetamide sodium oint 10%</i>	4	MO
<i>sulfacetamide sodium soln 10%</i>	2	MO
<i>timolol maleate ophthalmic gel forming</i>	1	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO
TOBRADEX ST	4	MO
TOBRADEX OINT	4	MO
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	2	MO
<i>tobramycin/dexamethasone</i>	2	MO
TOBEX OINT	4	MO
TRAVATAN Z	4	MO
<i>travoprost</i>	4	
<i>trifluridine</i>	4	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	MO
VEXOL	4	MO
VIGAMOX	4	MO
ZIRGAN	4	MO
ZYLET	3	MO
<u>Otic Agents</u>		
<i>acetasol hc</i>	4	
<i>acetic acid</i>	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid/aluminum acetate</i>	2	MO
CIPRO HC	4	MO
CIPRODEX	4	MO
COLY-MYCIN S	4	MO
<i>fluocinolone acetonide oil 0.01%</i>	2	MO
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>ofloxacin otic soln 0.3%</i>	2	MO
<u>Respiratory Tract/Pulmonary Agents</u>		
<i>acetylcysteine soln</i>	2	B/D MO
ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
<i>albuterol sulfate er</i>	2	MO
<i>albuterol sulfate nebu</i>	2	B/D MO
<i>albuterol sulfate syrp, tabs</i>	2	MO
ALVESCO	4	QL (12.2 GM per 30 days)
<i>aminophylline inj</i>	2	MO
ARCAPTA NEOHALER	4	QL (30 EA per 30 days) MO
ASMANEX 120 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX 14 METERED DOSES	3	QL (2 EA per 28 days) MO
ASMANEX 30 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX 60 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX 7 METERED DOSES	3	QL (4 EA per 28 days)
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
<i>azelastine hcl nasal soln 0.15%</i>	2	
<i>azelastine hcl nasal soln 137mcg/spray</i>	2	QL (30 ML per 25 days)
BECONASE AQ	4	QL (50 GM per 30 days) MO
BREO ELLIPTA	4	QL (60 EA per 30 days) MO
BROVANA	4	QL (120 ML per 30 days) B/D
<i>budesonide inhalation susp 0.25mg/2ml, 0.5mg/2ml</i>	4	B/D MO
<i>budesonide nasal susp 32mcg/act</i>	4	
CAYSTON	5	QL (84 ML per 56 days) LA
<i>clemastine fumarate syrp</i>	4	PA MO
<i>clemastine fumarate tabs 2.68mg</i>	4	PA MO
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D MO
DALIRESP	4	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl elix</i>	2	PA
<i>diphenhydramine hcl inj</i>	2	PA MO
EPIPEN 2-PAK	3	QL (2 EA per 30 days)
EPIPEN-JR 2-PAK	3	QL (2 EA per 30 days)
<i>epoprostenol sodium</i>	3	PA
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (60 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) MO
<i>flunisolide soln 0.025%</i>	2	MO
<i>fluticasone propionate susp 50mcg/act</i>	2	MO
FORADIL AEROLIZER	3	QL (60 EA per 30 days) MO
<i>hydroxyzine hcl inj</i>	4	PA MO
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D MO
<i>ipratropium bromide inhalation soln</i>	2	B/D MO
<i>ipratropium bromide nasal soln</i>	2	MO
<i>levalbuterol hcl nebu</i>	4	B/D MO
<i>levalbuterol nebu</i>	4	B/D MO
<i>levocetirizine dihydrochloride tabs</i>	4	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	4	QL (300 ML per 30 days) MO
<i>metaproterenol sulfate tabs</i>	2	
<i>metaproterenol sulfate syrp</i>	2	MO
<i>montelukast sodium</i>	2	QL (30 EA per 30 days) MO
NASONEX	3	QL (34 GM per 30 days) MO
OMNARIS	4	QL (12.5 GM per 30 days)
OPSUMIT	5	QL (30 EA per 30 days) PA
PATANASE	4	QL (30.5 GM per 30 days) MO
PERFOROMIST	4	QL (120 ML per 30 days) B/D
PROAIR HFA	3	QL (17 GM per 30 days) MO
PROLASTIN-C	5	PA LA MO
PULMICORT FLEXHALER	4	QL (2 EA per 30 days) MO
PULMOZYME	5	B/D
QNASL	4	QL (8.7 GM per 30 days)
QVAR	3	QL (17.4 GM per 30 days)
RHINOCORT AQUA	4	QL (17.2 GM per 30 days) MO
SEREVENT DISKUS	4	QL (60 EA per 30 days) MO
<i>sildenafil</i>	5	QL (90 EA per 30 days) PA
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days) MO
SYMBICORT	3	QL (10.2 GM per 30 days) MO
<i>terbutaline sulfate tabs</i>	2	MO
THEO-24	4	
<i>theophylline cr tb12 100mg, 200mg</i>	2	MO
<i>theophylline er</i>	2	MO
<i>theophylline soln</i>	4	
<i>tobramycin nebu</i>	5	QL (280 ML per 56 days) B/D
TRACLEER	5	QL (60 EA per 30 days) PA LA
<i>triamcinolone acetonide inha 55mcg/act</i>	4	MO
TUDORZA PRESSAIR	3	QL (1 EA per 30 days) MO
TYZINE PEDIATRIC NASAL DROPS	4	
VENTAVIS	5	PA
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
XOLAIR	5	QL (6 EA per 28 days) PA LA
XOPENEX HFA	4	QL (30 GM per 30 days) ST
<i>zafirlukast</i>	4	QL (60 EA per 30 days)
ZETONNA	4	QL (6.1 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYFLO IMMEDIATE RELEASE TABLETS	5	QL (120 EA per 30 days) MO
<u>Skeletal Muscle Relaxants</u>		
<i>chlorzoxazone tabs</i>	4	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hcl tabs</i>	3	QL (90 EA per 30 days) PA MO
<u>Sleep Disorder Agents</u>		
<i>eszopiclone</i>	4	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	3	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	3	QL (60 EA per 30 days) PA MO
ROZEREM	4	QL (30 EA per 30 days) MO
XYREM	5	QL (540 ML per 30 days) PA LA
<i>zaleplon caps 5mg</i>	2	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	2	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate</i>	4	QL (30 EA per 30 days) PA MO
<u>Therapeutic Nutrients/Minerals/Electrolytes</u>		
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolytes</i>	4	B/D
AMINOSYN II	4	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-RF	4	B/D
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML, 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	4	B/D
BAL-CARE DHA	4	MO
BAL-CARE DHA ESSENTIAL	4	
<i>cavan-ec sod dha</i>	4	MO
CITRANATAL 90 DHA MISC 120MG; 160MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 1MG; 90MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	4	MO
CITRANATAL ASSURE MISC 120MG; 125MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 1MG; 35MG; 20MG; 150MCG; 25MG; 3.4MG; 3MG; 30UNIT; 25MG	4	MO
CITRANATAL B-CALM MISC 120MG; 120MG; 400UNIT; 0; 1MG; 20MG; 0; 25MG	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL DHA MISC 120MG; 125MG; 400UNIT; 2MG; 250MG; 50MG; 0.625MG; 0; 1MG; 27MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	4	
CITRANATAL HARMONY CAPS 650MG; 104MG; 400UNIT; 265MG; 50MG; 1MG; 29MG; 25MG; 30UNIT	4	
CITRANATAL RX TABS 120MG; 125MG; 400UNIT; 2MG; 30UNIT; 50MG; 1MG; 27MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 25MG	4	MO
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 5%/DEXTROSE 25%	4	B/D
<i>clinisol sf 15%</i>	4	B/D
<i>complete natal dha</i>	4	MO
<i>completenate</i>	4	MO
CONCEPT DHA	4	
CONCEPT OB	4	
CUPRIMINE	4	MO
DEPEN TITRATABS	4	MO
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 5% /electrolyte #48 viaflex</i>	2	
<i>dextrose 10% flex container</i>	2	B/D
<i>dextrose 10%/nacl 0.2%</i>	2	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	
<i>dextrose 20%</i>	2	B/D
<i>dextrose 25%</i>	2	B/D
<i>dextrose 30%</i>	2	B/D
<i>dextrose 40%</i>	2	B/D
<i>dextrose 5%</i>	2	MO
<i>dextrose 5%/lactated ringers</i>	2	
<i>dextrose 5%/nacl 0.2%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/nacl 0.3%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5%/nacl 0.9%</i>	2	MO
<i>dextrose 5%/potassium chloride 0.15%</i>	2	
<i>dextrose 50%</i>	2	B/D
<i>dextrose 70%</i>	2	B/D
DUET DHA BALANCED MISC 120MG; 2840UNIT; 215MG; 840UNIT; 2MG; 12MCG; 0; 0; 0; 1MG; 210MCG; 26MG; 0; 25MG; 20MG; 278MG; 0; 50MG; 4MG; 0; 1.5MG; 2MG; 25MG	4	
EXJADE	5	PA LA
EXTRA-VIRT PLUS DHA	4	
<i>fluoritab chew 0.5mg, 1mg</i>	4	
FOCALGIN-B	4	
FOLCAL DHA	4	
FOLCAPS OMEGA 3	4	
FOLIVANE-OB	4	MO
FOLIVANE-PRX DHA NF	4	MO
<i>fomepizole</i>	5	
FREAMINE HBC 6.9%	4	B/D
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D
HEMENATAL OB	4	
HEMENATAL OB + DHA	4	
<i>hepatamine</i>	4	B/D
<i>hepatasol</i>	4	B/D
<i>inatal advance</i>	4	
<i>inatal ultra</i>	4	
INTRALIPID INJ 1.7%; 30%	4	B/D
<i>intralipid inj 2.25%; 20%</i>	4	B/D
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/lr</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	2	
<i>kionex powd</i>	4	
<i>kionex susp</i>	4	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON M15	4	MO
<i>klor-con m20</i>	2	MO
<i>lactated ringers dextrose 5% viaflex</i>	2	
<i>lactated ringers viaflex</i>	2	MO
<i>levocarnitine tabs</i>	3	
LIPOSYN III	4	B/D
<i>multi-vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.5mg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 1.05mg; 2500unit; 15unit</i>	4	
<i>multi-vit/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	4	MO
<i>multi-vit/iron/fluoride soln 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	4	MO
<i>multi-vitamin/fluoride/iron soln 35mg/ml; 400unit/ml; 5unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 1500unit/ml</i>	4	MO
<i>multi-vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 2500unit; 15unit</i>	4	MO
<i>multi-vitamin/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 5unit/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 1500unit/ml</i>	4	
<i>multivitamin with fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit</i>	4	
<i>multivitamin with fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit</i>	4	MO
<i>mvc-fluoride</i>	4	
NATACHEW CHEW 120MG; 2700UNIT; 400UNIT; 12MCG; 0; 0; 1MG; 28MG; 20MG; 10MG; 3MG; 0; 2MG; 20UNIT	4	
NATAFORT TABS 120MG; 400UNIT; 12MCG; 0; 1MG; 60MG; 0; 20MG; 10MG; 3MG; 2MG; 11UNIT	4	
NATAL-V RX	4	
NATALVIRT 90 DHA	4	
NATALVIRT CA	4	
NEPHRAMINE	4	B/D
NESTABS	4	
NESTABS DHA	4	
NEXA PLUS CAPS 28MG; 250MCG; 660MG; 160MG; 800UNIT; 350MG; 55MG; 29MG; 1.25MG; 25MG; 30UNIT	4	MO
O-CAL PRENATAL	4	MO
OB COMPLETE ONE	4	
OB COMPLETE PETITE	4	
OB COMPLETE PREMIER	4	
OB COMPLETE/DHA	4	

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Drug Name	Drug Tier	Requirements/Limits
PAIRE OB	4	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	4	
PNV OB+DHA	4	
PNV PRENATAL PLUS MULTIVITAMIN	4	
<i>pnv-dha</i>	4	MO
PNV-FIRST	4	MO
<i>pnv-select</i>	4	MO
<i>poly-vitamin/fluoride soln 35mg/ml; 50mcg/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 3mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml; 5unit/ml</i>	4	
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	2	
<i>potassium chloride 0.15% nacl 0.9%</i>	2	MO
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	2	
<i>potassium chloride 0.224%d5w/nacl 0.45% viaflex</i>	2	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	2	
<i>potassium chloride 0.3%/d5w</i>	2	
<i>potassium chloride cr tbcr 10meq, 20meq</i>	2	MO
<i>potassium chloride er cpcr</i>	2	MO
<i>potassium chloride er tbcr 20meq</i>	2	
<i>potassium chloride er tbcr 10meq, 8meq</i>	2	MO
<i>potassium chloride sr tbcr 8meq</i>	2	MO
<i>potassium chloride inj 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 2meq/ml</i>	2	MO
<i>potassium citrate tbcr</i>	4	MO
<i>pr natal 400</i>	4	MO
<i>pr natal 400 ec</i>	4	MO
<i>pr natal 430</i>	4	MO
<i>pr natal 430 ec</i>	4	MO
PREFERA OB	4	
PREFERA OB + DHA MISC 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 200MG; 2.5MG; 1MG; 6MG; 0.5MG; 17MG; 203MG; 28MG; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 10UNIT; 4.5MG	4	
PREFERAOB ONE	4	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>premasol inj</i> 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml	4	B/D
PRENA1 CHEW/QUATREFOLIC	4	
PRENA1 PLUS/QUATREFOLIC	4	
PRENA1/QUATREFOLIC	4	
PRENAISSANCE	4	MO
PRENAISSANCE PLUS	4	MO
PRENATA	4	
<i>prenatabs fa</i>	4	
PRENATABS OBN	4	
<i>prenatal plus</i>	4	MO
<i>prenatal plus iron tabs</i> 120mg; 0; 200mg; 400unit; 2mg; 12mcg; 1mg; 29mg; 20mg; 10mg; 3mg; 1.84mg; 22mg; 4000unit; 25mg	4	
PRENATE AM	4	
PRENATE DHA CAPS 90MG; 145MG; 220UNIT; 13MCG; 300MG; 28MG; 400MCG; 600MCG; 50MG; 26MG; 10UNIT	4	
PRENATE ELITE TABS 75MG; 2600UNIT; 330MCG; 100MG; 6MG; 450UNIT; 1.5MG; 13MCG; 26MG; 400MCG; 150MCG; 600MCG; 25MG; 21MG; 21MG; 3.5MG; 3MG; 10UNIT; 15MG	4	
PRENATE ESSENTIAL CAPS 90MG; 280MCG; 145MG; 220UNIT; 13MCG; 300MG; 40MG; 29MG; 0; 400MCG; 600MCG; 50MG; 150MCG; 26MG; 10UNIT	4	
PRENATE MINI	4	
PREPLUS	4	
PREQUE 10 TABS 30MG; 1250UNIT; 0; 120UNIT; 50MG; 1MG; 1MCG; 15UNIT; 50MG; 25MG; 0.5MG; 15MG; 5MG; 10MG; 1.7MG; 0; 7.5MCG; 1MG; 12.5MG	4	
PROCALAMINE	4	B/D
PROSOL	4	B/D
PUREFE OB PLUS	4	
REAPHIRM	4	MO
RELNATE DHA	4	MO
<i>ringers injection</i>	2	
SAMSCA TABS 15MG	5	QL (30 EA per 30 days) PA
SAMSCA TABS 30MG	5	QL (60 EA per 30 days) PA
<i>se-natal 19</i>	4	MO
<i>se-tan dha</i>	4	MO
<i>seton et-ec</i>	4	MO
<i>setonet</i>	4	MO
<i>sodium chloride 0.45% viaflex</i>	2	
<i>sodium chloride inj</i> 0.9%, 2.5meq/ml, 3%, 5%	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride chew 0.5mg, 1.1mg</i>	4	
<i>sodium polystyrene sulfonate rectal susp</i>	4	
<i>sodium polystyrene sulfonate powd, oral susp</i>	4	MO
SYPRINE	3	MO
TARON-PREX	4	MO
TL-CARE DHA	4	MO
TL-SELECT	4	MO
TL-SELECT DHA	4	MO
<i>tpn electrolytes</i>	4	
TRAVASOL	4	B/D
<i>tri-vit/fluoride</i>	4	MO
<i>tri-vit/fluoride/iron</i>	4	MO
<i>tri-vitamin/fluoride</i>	4	MO
<i>triadvance</i>	4	MO
TRICARE	4	
TRICARE PRENATAL COMPLEAT	4	
TRICARE PRENATAL DHA ONE	4	
TRINATAL GT	4	MO
<i>trinatal rx 1</i>	4	MO
<i>triple-vitamin/fluoride</i>	4	MO
TRIVEEN-DUO DHA	4	MO
TRIVEEN-PRX RNF	4	MO
TROPHAMINE	4	B/D
<i>ultimatecare one nf</i>	4	MO
VEMAVITE-PRX 2	4	MO
VENA-BAL DHA	4	MO
VIRT-PN	4	
VIRT-PN DHA	4	
VIRT-SELECT	4	
VITAFOL-ONE	4	MO
VITAFOL-PLUS	4	
VITAMEDMD ONE RX/QUATREFOLIC	4	MO
VITAMEDMD PLUS RX/QUATRE FOLIC	4	MO
VITAMEDMD REDICHEW RX/QUATREFOLIC	4	MO
<i>vitamins a/c/d/fluoride</i>	4	
VOL-NATE	4	MO
VOL-PLUS	4	MO
VP-CH-PNV	4	
VP-HEME OB	4	
VP-PNV-DHA	4	
ZATEAN-CH	4	MO
ZATEAN-PN	4	MO
ZATEAN-PN DHA	4	MO
ZATEAN-PN PLUS	4	MO
ZINGIBER	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Index

Drug Name	Page #
8-MOP	35
<i>abacavir</i>	25
<i>abacavir sulfate/lamivudine/zidovudine</i>	25
ABELCET	18
ABILIFY	24
ABILIFY DISCMELT	24
ABILIFY MAINTENA	24
ABRAXANE	19
<i>acamprosate calcium dr</i>	10
<i>acarbose</i>	28
<i>acebutolol hcl</i>	30
<i>acetaminophen/codeine</i>	8
<i>acetaminophen/codeine #3</i>	8
<i>acetazolamide</i>	49
<i>acetazolamide er</i>	30
<i>acetic acid</i>	49
<i>acetic acid/aluminum acetate</i>	50
<i>acetylcysteine</i>	50
<i>acitretin</i>	35
ACTEMRA	44
ACTHIB	44
ACTIMMUNE	44
ACTONEL	46
ACUVAIL	47
<i>acyclovir</i>	25
<i>acyclovir sodium</i>	25
ADACEL	44
ADAGEN	36
ADASUVE	24
<i>adefovir dipivoxil</i>	25
<i>adriamycin</i>	19
<i>adrucil</i>	19
ADVAIR DISKUS	50
ADVAIR HFA	50
ADVICOR	30
<i>afeditab cr</i>	30
AFINITOR	19
AFINITOR DISPERZ	20
AGGRENOX	29
<i>a-hydrocort</i>	38
AKNE-MYCIN	35
<i>ak-poly-bac</i>	47
ALBENZA	23
<i>albuterol sulfate</i>	50
<i>albuterol sulfate er</i>	50
<i>alclometasone dipropionate</i>	38

Drug Name	Page #
ALCOHOL PREPS	47
ALDURAZYME	36
<i>alendronate sodium</i>	47
<i>alfuzosin hcl er</i>	38
ALIMTA	20
ALINIA	23
ALKERAN	20
<i>allopurinol</i>	18
ALPHAGAN P	47
<i>alprazolam</i>	27
ALREX	47
ALTABAX	35
<i>altavera</i>	40
ALTOPREV	30
ALVESCO	50
<i>alyacen 1/35</i>	40
<i>alyacen 7/7/7</i>	40
<i>amantadine hcl</i>	23
AMBISOME	18
<i>amcinonide</i>	38
<i>amethia</i>	40
<i>amethia lo</i>	40
AMETHYST	40
<i>amifostine</i>	20
<i>amikacin sulfate</i>	11
<i>amiloride hcl</i>	30
<i>amiloride/hydrochlorothiazide</i>	30
<i>aminophylline</i>	50
AMINOSYN	52
AMINOSYN 7%/ELECTROLYTES	52
<i>aminosyn 8.5%/electrolytes</i>	52
AMINOSYN II	52
<i>aminosyn ii 8.5%/electrolytes</i>	52
AMINOSYN M	52
AMINOSYN-HBC	52
AMINOSYN-PF	52
AMINOSYN-PF 7%	52
AMINOSYN-RF	52
<i>amiodarone hcl</i>	30
AMITIZA	36
<i>amitriptyline hcl</i>	16
<i>amlodipine besylate</i>	30
<i>amlodipine besylate/atorvastatin calcium</i>	30
<i>amlodipine besylate/benazepril hcl</i>	30
<i>amlodipine besylate/benazepril hydrochloride</i>	30
<i>ammonium lactate</i>	35
<i>amnestem</i>	35
<i>amoxapine</i>	16
<i>amoxicillin</i>	11

Drug Name	Page #
<i>amoxicillin/clavulanate potassium</i>	11
<i>amoxicillin/clavulanate potassium er</i>	11
<i>amphetamine/dextroamphetamine</i>	34
<i>amphotericin b</i>	18
<i>ampicillin</i>	11
<i>ampicillin sodium</i>	11
<i>ampicillin-sulbactam</i>	11
AMTURNIDE	30
ANADROL-50	40
<i>anagrelide hydrochloride</i>	29
<i>anastrozole</i>	20
ANDROGEL	40
ANDROGEL PUMP	40
ANDROXY	40
ANTARA	30
APEXICON E	38
APOKYN	23
<i>apraclonidine</i>	47
<i>apri</i>	40
APRISO	46
APTIOM	14
APTIVUS	25
<i>aranelle</i>	40
ARANESP ALBUMIN FREE	29
ARCALYST	44
ARCAPTA NEOHALER	50
ARRANON	20
ARZERRA	20
ASACOL HD	46
<i>ascomp/codeine</i>	8
ASMANEX 120 METERED DOSES	50
ASMANEX 14 METERED DOSES	50
ASMANEX 30 METERED DOSES	50
ASMANEX 60 METERED DOSES	50
ASMANEX 7 METERED DOSES	50
ATACAND HCT	30
<i>atenolol</i>	30
<i>atenolol/chlorthalidone</i>	30
ATGAM	44
<i>atorvastatin calcium</i>	30
<i>atovaquone</i>	23
<i>atovaquone/proguanil hcl</i>	23
ATRIPLA	25
ATROVENT HFA	50
<i>aubra</i>	40
<i>augmented betamethasone dipropionate</i>	38
AVANDAMET	28
AVANDARYL	28
AVANDIA	28
AVASTIN	20

Drug Name	Page #
<i>aviane</i>	41
<i>avita</i>	35
AVODART	38
<i>azacitidine</i>	20
AZASITE	47
<i>azathioprine</i>	44
<i>azelastine hcl</i>	47
<i>azelastine hcl</i>	50
AZELEX	35
AZILECT	23
<i>azithromycin</i>	11
AZOPT	47
<i>aztreonam</i>	11
<i>azurette</i>	41
<i>baciim</i>	11
<i>bacitracin</i>	11
<i>bacitracin</i>	48
<i>bacitracin/neomycin/polymyxin</i>	47
<i>bacitracin/polymyxin b</i>	47
<i>baclofen</i>	25
BACTOCILL IN DEXTROSE	11
BAL-CARE DHA	52
BAL-CARE DHA ESSENTIAL	52
<i>balsalazide disodium</i>	46
<i>balziva</i>	41
BANZEL	14
BARACLUDGE	25
<i>bcg vaccine</i>	45
BD INSULIN SYRINGE	47
SAFETYGLIDE/1ML/29G X 1/2"	
BD INSULIN SYRINGE	47
ULTRAFINE/0.3ML/31G X 5/16"	
BD INSULIN SYRINGE	47
ULTRAFINE/0.5ML/30G X 1/2"	
BD INSULIN SYRINGE	47
ULTRAFINE/1ML/31G X 5/16"	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	47
BECONASE AQ	50
<i>benazepril hcl</i>	30
<i>benazepril hcl/hydrochlorothiazide</i>	30
BENICAR	30
BENICAR HCT	30
BENLYSTA	45
<i>benztropine mesylate</i>	23
BESIVANCE	48
<i>betamethasone dipropionate</i>	38
<i>betamethasone valerate</i>	38
<i>betaxolol hcl</i>	30
<i>betaxolol hcl</i>	48

Drug Name	Page #
<i>bethanechol chloride</i>	38
BETIMOL	48
BETOPTIC-S	48
<i>bicalutamide</i>	20
BICILLIN L-A	11
BICNU	20
BILTRICIDE	23
<i>bisoprolol fumarate</i>	30
<i>bisoprolol fumarate/hydrochlorothiazide</i>	30
<i>bleomycin sulfate</i>	20
BLEPHAMIDE	48
BLEPHAMIDE S.O.P.	48
BOOSTRIX	45
BOSULIF	20
BOTOX	47
BREO ELLIPTA	50
<i>briellyn</i>	41
BRILINTA	29
<i>brimonidine tartrate</i>	48
BRINTELLIX	16
<i>bromfenac</i>	48
<i>bromocriptine mesylate</i>	23
BROVANA	50
<i>budesonide</i>	38
<i>budesonide</i>	50
<i>bumetanide</i>	31
BUPHENYL	36
<i>buprenorphine hcl</i>	10
<i>buprenorphine hcl/naloxone hcl</i>	10
<i>buproban</i>	10
<i>bupropion hcl</i>	16
<i>bupropion hcl er</i>	16
<i>bupropion hcl sr</i>	10
<i>bupropion hcl sr</i>	16
<i>bupropion hcl xl</i>	16
<i>bupirone hcl</i>	27
BUSULFEX	20
<i>butal/asa/caff</i>	8
<i>butalbital/acetaminophen/caffeine</i>	8
<i>butalbital/acetaminophen/caffeine/codeine</i>	8
<i>butalbital/apap/caffeine</i>	8
<i>butalbital/aspirin/caffeine/codeine</i>	8
<i>cabergoline</i>	44
CAFERGOT	19
<i>calcipotriene</i>	35
<i>calcitonin-salmon</i>	47
<i>calcitrene</i>	35
<i>calcitriol</i>	47
<i>calcium acetate</i>	38
<i>camila</i>	41

Drug Name	Page #
<i>camrese</i>	41
<i>camrese lo</i>	41
CANASA	46
CANCIDAS	18
<i>candesartan cilexetil</i>	31
<i>candesartan cilexetil/hydrochlorothiazide</i>	31
CANTIL	37
<i>capacet</i>	8
CAPASTAT SULFATE	19
CAPEX	39
CAPRELSA	20
<i>captopril</i>	31
<i>captopril/hydrochlorothiazide</i>	31
<i>carbamazepine</i>	14
<i>carbamazepine er</i>	14
<i>carbidopa</i>	24
<i>carbidopa/levodopa</i>	23
<i>carbidopa/levodopa er</i>	23
<i>carbidopa/levodopa odt</i>	24
<i>carbidopa/levodopa/entacapone</i>	24
<i>carboplatin</i>	20
<i>carteolol hcl</i>	48
<i>cartia xt</i>	31
<i>carvedilol</i>	31
<i>cavan-ec sod dha</i>	52
CAYSTON	50
<i>caziant</i>	41
<i>cefaclor</i>	11
<i>cefaclor er</i>	11
<i>cefadroxil</i>	11
<i>cefazolin sodium</i>	11
<i>cefazolin sodium/dextrose</i>	11
<i>cefdinir</i>	11
<i>cefditoren pivoxil</i>	11
<i>cefepime</i>	11
<i>cefotaxime sodium</i>	11
<i>cefotetan</i>	11
<i>cefotetan/dextrose</i>	11
<i>cefoxitin sodium</i>	11
<i>cefpodoxime proxetil</i>	11
<i>cefprozil</i>	11
<i>ceftazidime</i>	11
<i>ceftazidime/dextrose</i>	11
<i>ceftriaxone in iso-osmotic dextrose</i>	12
<i>ceftriaxone sodium</i>	12
<i>ceftriaxone/dextrose</i>	12
<i>cefuroxime axetil</i>	12
<i>cefuroxime sodium</i>	12
<i>cefuroxime/dextrose</i>	12
CELEBREX	8

Drug Name	Page #	Drug Name	Page #
CELLCEPT	45	<i>clarithromycin er</i>	12
CELLCEPT INTRAVENOUS	45	<i>clemastine fumarate</i>	50
CELONTIN	15	<i>clindamycin hcl</i>	12
<i>cephalexin</i>	12	<i>clindamycin palmitate hcl</i>	12
CEREZYME	36	<i>clindamycin phosphate</i>	12
CERVARIX	45	<i>clindamycin phosphate</i>	35
<i>cevimeline hcl</i>	35	<i>clindamycin phosphate add-vantage</i>	12
CHANTIX	10	<i>clindamycin phosphate in d5w</i>	12
CHANTIX CONTINUING MONTH PAK	10	<i>clindamycin/benzoyl peroxide</i>	35
CHANTIX STARTING MONTH PAK	10	CLINIMIX 2.75%/DEXTROSE 5%	53
<i>chateal</i>	41	CLINIMIX 4.25%/DEXTROSE 10%	53
<i>chloramphenicol sodium succinate</i>	12	CLINIMIX 4.25%/DEXTROSE 20%	53
<i>chlordiazepoxide/amitriptyline</i>	16	CLINIMIX 4.25%/DEXTROSE 25%	53
<i>chlorhexidine gluconate oral rinse</i>	35	CLINIMIX 4.25%/DEXTROSE 5%	53
<i>chloroquine phosphate</i>	23	CLINIMIX 5%/DEXTROSE 15%	53
<i>chlorothiazide</i>	31	CLINIMIX 5%/DEXTROSE 20%	53
<i>chlorpromazine hcl</i>	24	CLINIMIX 5%/DEXTROSE 25%	53
<i>chlorthalidone</i>	31	CLINIMIX E 2.75%/DEXTROSE 10%	53
<i>chlorzoxazone</i>	52	CLINIMIX E 2.75%/DEXTROSE 5%	53
<i>cholestyramine</i>	31	CLINIMIX E 4.25%/DEXTROSE 10%	53
<i>cholestyramine light</i>	31	CLINIMIX E 4.25%/DEXTROSE 25%	53
<i>ciclodan</i>	18	CLINIMIX E 4.25%/DEXTROSE 5%	53
<i>ciclopirox</i>	18	CLINIMIX E 5%/DEXTROSE 15%	53
<i>ciclopirox nail lacquer</i>	18	CLINIMIX E 5%/DEXTROSE 20%	53
<i>ciclopirox olamine</i>	18	CLINIMIX E 5%/DEXTROSE 25%	53
<i>cilostazol</i>	29	<i>clinisol sf 15%</i>	53
CILOXAN	48	<i>clobetasol propionate</i>	39
<i>cimetidine</i>	37	<i>clobetasol propionate e</i>	39
<i>cimetidine hcl</i>	37	<i>clobetasol propionate emollient</i>	39
CIMZIA	45	CLOBEX	39
CIMZIA STARTER KIT	45	CLOLAR	20
CINRYZE	45	<i>clomipramine hcl</i>	16
CIPRO HC	50	<i>clonazepam</i>	15
CIPRODEX	50	<i>clonazepam odt</i>	15
<i>ciprofloxacin</i>	12	<i>clonidine hcl</i>	31
<i>ciprofloxacin er</i>	12	<i>clopidogrel</i>	29
<i>ciprofloxacin hcl</i>	12	<i>clorazepate dipotassium</i>	27
<i>ciprofloxacin hcl</i>	48	CLORPRES	31
<i>ciprofloxacin i.v.-in d5w</i>	12	<i>clotrimazole</i>	18
<i>cisplatin</i>	20	<i>clotrimazole/betamethasone dipropionate</i>	18
<i>citalopram hydrobromide</i>	16	<i>clozapine</i>	24
CITRANATAL 90 DHA	52	<i>clozapine odt</i>	24
CITRANATAL ASSURE	52	COARTEM	23
CITRANATAL B-CALM	52	<i>codeine sulfate</i>	8
CITRANATAL DHA	53	COLCRYS	18
CITRANATAL HARMONY	53	<i>colestipol hcl</i>	31
CITRANATAL RX	53	<i>colestipol hcl for oral suspension</i>	31
<i>cladribine</i>	20	<i>colistimethate sodium</i>	12
<i>claravis</i>	35	<i>colocort</i>	39
<i>clarithromycin</i>	12	COLY-MYCIN S	50

Drug Name	Page #	Drug Name	Page #
COMBIGAN	48	DAUNOXOME	20
COMBIVENT RESPIMAT	50	<i>daysee</i>	41
COMETRIQ	20	<i>decitabine</i>	20
<i>compazine</i>	24	DELZICOL	46
COMPLERA	25	DEMSEER	31
<i>complete natal dha</i>	53	DENAVIR	25
<i>completenate</i>	53	DEPEN TITRATABS	53
<i>compro</i>	24	DEPO-ESTRADIOL	41
COMVAX	45	DEPO-PROVERA	41
CONCEPT DHA	53	<i>desipramine hcl</i>	16
CONCEPT OB	53	<i>desmopressin acetate</i>	40
<i>constulose</i>	37	<i>desogestrel/ethinyl estradiol</i>	41
COPAXONE	34	<i>desonide</i>	39
CORDRAN TAPE	39	<i>desoximetasone</i>	39
COREG CR	31	DETROL LA	38
<i>cormax scalp application</i>	39	<i>dexamethasone</i>	39
CORTIFOAM	39	DEXAMETHASONE INTENSOL	39
<i>cortisone acetate</i>	39	<i>dexamethasone sodium phosphate</i>	39
COSMEGEN	20	<i>dexamethasone sodium phosphate</i>	48
CREON	36	<i>dexmethylphenidate hcl</i>	34
CRESTOR	31	<i>dextrazoxane</i>	20
CRIVAN	25	<i>dextroamphetamine sulfate</i>	34
<i>cromolyn sodium</i>	37	<i>dextrose 10%/nacl 0.45%</i>	53
<i>cromolyn sodium</i>	48	<i>dextrose 5% /electrolyte #48 viaflex</i>	53
<i>cromolyn sodium</i>	50	<i>dextrose 10% flex container</i>	53
<i>cryselle-28</i>	41	<i>dextrose 10%/nacl 0.2%</i>	53
CUBICIN	12	<i>dextrose 2.5%/sodium chloride 0.45%</i>	53
CUPRIMINE	53	<i>dextrose 20%</i>	53
CURITY GAUZE PADS 2"X2"	47	<i>dextrose 25%</i>	53
<i>cyclafem 1/35</i>	41	<i>dextrose 30%</i>	53
<i>cyclafem 7/7/7</i>	41	<i>dextrose 40%</i>	53
<i>cyclobenzaprine hcl</i>	52	<i>dextrose 5%</i>	53
<i>cyclophosphamide</i>	20	<i>dextrose 5%/lactated ringers</i>	53
<i>cycloserine</i>	19	<i>dextrose 5%/nacl 0.2%</i>	53
<i>cyclosporine</i>	45	<i>dextrose 5%/nacl 0.225%</i>	53
<i>cyclosporine modified</i>	45	<i>dextrose 5%/nacl 0.3%</i>	53
CYKLOKAPRON	29	<i>dextrose 5%/nacl 0.33%</i>	53
CYRAMZA	20	<i>dextrose 5%/nacl 0.45%</i>	53
CYSTADANE	36	<i>dextrose 5%/nacl 0.9%</i>	54
CYSTAGON	36	<i>dextrose 5%/potassium chloride 0.15%</i>	54
CYSTARAN	48	<i>dextrose 50%</i>	54
<i>cytarabine</i>	20	<i>dextrose 70%</i>	54
<i>cytarabine aqueous</i>	20	<i>diazepam</i>	15
<i>dacarbazine</i>	20	<i>diazepam</i>	27
DALIRESP	50	<i>diazepam intensol</i>	27
<i>dantrolene sodium</i>	25	DIBENZYLINE	31
<i>dapsone</i>	19	<i>diclofenac potassium</i>	8
DAPTACEL	45	<i>diclofenac sodium</i>	48
DARAPRIM	23	<i>diclofenac sodium dr</i>	8
<i>daunorubicin hcl</i>	20	<i>diclofenac sodium er</i>	8

Drug Name	Page #
<i>diclofenac sodium/misoprostol</i>	8
<i>dicloxacillin sodium</i>	12
<i>dicyclomine hcl</i>	37
<i>didanosine</i>	26
<i>diflorasone diacetate</i>	39
<i>diflunisal</i>	8
<i>digox</i>	31
<i>digoxin</i>	31
<i>dihydroergotamine mesylate</i>	19
DILANTIN	15
<i>dilt-cd</i>	31
<i>diltiazem cd</i>	31
<i>diltiazem hcl</i>	31
<i>diltiazem hcl cd</i>	31
<i>diltiazem hcl er</i>	31
<i>dilt-xr</i>	31
<i>diltzac</i>	31
DIOVAN	31
DIOVAN HCT	31
DIPENTUM	46
<i>diphenhydramine hcl</i>	50
<i>diphtheria/tetanus toxoids adsorbed</i>	45
<i>pediatric</i>	
<i>disopyramide phosphate</i>	31
<i>disulfiram</i>	10
<i>divalproex sodium</i>	15
<i>divalproex sodium dr</i>	15
<i>divalproex sodium er</i>	15
DIVIGEL	41
DOCEFREZ	20
<i>docetaxel</i>	20
<i>donepezil hcl</i>	16
<i>dorzolamide hcl</i>	48
<i>dorzolamide hcl/timolol maleate</i>	48
<i>doxazosin mesylate</i>	31
<i>doxepin hcl</i>	16
<i>doxercalciferol</i>	47
<i>doxorubicin hcl</i>	20
<i>doxorubicin hcl liposome</i>	20
<i>doxy 100</i>	12
<i>doxycycline</i>	12
<i>doxycycline hyclate</i>	12
<i>doxycycline hyclate dr</i>	12
<i>doxycycline monohydrate</i>	12
<i>dronabinol</i>	17
<i>drospirenone/ethinyl estradiol</i>	41
DROXIA	20
DUET DHA BALANCED	54
<i>duloxetine hcl</i>	16
<i>duramorph</i>	8

Drug Name	Page #
DUREZOL	48
DYRENIUM	31
E.E.S. 400	12
E.E.S. GRANULES	12
<i>e.s.p.</i>	12
<i>econazole nitrate</i>	18
EDURANT	26
EFFIENT	29
EGRIFTA	40
ELIDEL	35
<i>elinst</i>	41
ELITEK	20
ELLA	41
EMCYT	20
EMEND	17
<i>emoquette</i>	41
EMSAM	16
EMTRIVA	26
<i>enalapril maleate</i>	31
<i>enalapril maleate/hydrochlorothiazide</i>	31
<i>endocet</i>	8
<i>endodan</i>	8
ENGERIX-B	45
<i>enoxaparin sodium</i>	29
<i>enpresse-28</i>	41
<i>enskyce</i>	41
<i>entacapone</i>	24
<i>enulose</i>	37
<i>epinastine hcl</i>	48
EPIPEN 2-PAK	50
EPIPEN-JR 2-PAK	50
<i>epirubicin hcl</i>	20
<i>epitol</i>	15
EPIVIR	26
EPIVIR HBV	26
<i>eplerenone</i>	31
<i>epoprostenol sodium</i>	50
<i>eprosartan mesylate</i>	31
EPZICOM	26
EQUETRO	27
ERAXIS	18
ERBITUX	20
<i>ergoloid mesylates</i>	16
ERGOMAR	19
ERIVEDGE	20
<i>errin</i>	41
ERWINAZE	20
<i>ery</i>	35
ERYPED 200	12
ERYPED 400	12

Drug Name	Page #
ERY-TAB	12
ERYTHROCIN LACTOBIONATE	13
ERYTHROCIN STEARATE	13
<i>erythromycin</i>	13
<i>erythromycin</i>	35
<i>erythromycin</i>	48
<i>erythromycin base</i>	13
<i>erythromycin ethylsuccinate</i>	13
<i>erythromycin/benzoyl peroxide</i>	35
<i>erythromycin/sulfisoxazole</i>	13
<i>escitalopram oxalate</i>	16
<i>esomeprazole sodium</i>	37
<i>estarylla</i>	41
ESTRACE	41
<i>estradiol</i>	41
<i>estradiol/norethindrone acetate</i>	41
ESTRASORB	41
ESTRING	41
<i>eszopiclone</i>	52
<i>ethambutol hcl</i>	19
<i>ethosuximide</i>	15
<i>etidronate disodium</i>	47
<i>etodolac</i>	8
<i>etodolac er</i>	8
<i>etoposide</i>	20
EVAMIST	41
EXELDERM	18
EXELON	16
<i>exemestane</i>	21
EXFORGE	31
EXFORGE HCT	31
EXJADE	54
EXTAVIA	34
EXTRA-VIRT PLUS DHA	54
FABRAZYME	36
<i>falmina</i>	41
<i>famciclovir</i>	26
<i>famotidine</i>	37
<i>famotidine premixed</i>	37
FANAPT	24
FANAPT TITRATION PACK	24
FARESTON	21
FASLODEX	21
FAZACLO	24
<i>felbamate</i>	15
<i>felodipine er</i>	31
FEMHRT LOW DOSE	41
FEMRING	41
<i>fenofibrate</i>	32
<i>fenofibrate micronized</i>	32

Drug Name	Page #
<i>fenofibric acid</i>	32
<i>fenofibric acid dr</i>	32
FENOGLIDE	32
<i>fenopropfen calcium</i>	8
<i>fentanyl</i>	8
<i>fentanyl citrate oral transmucosal</i>	8
FETZIMA	16
FETZIMA TITRATION PACK	17
<i>finasteride</i>	38
FIRAZYR	45
FIRMAGON	44
FLAREX	48
<i>flavoxate hcl</i>	38
<i>flecainide acetate</i>	32
FLOVENT DISKUS	50
FLOVENT HFA	50
<i>floxuridine</i>	21
<i>fluconazole</i>	18
<i>fluconazole in dextrose</i>	18
<i>fluconazole in nacl</i>	18
<i>flucytosine</i>	18
<i>fludarabine phosphate</i>	21
<i>fludrocortisone acetate</i>	39
<i>flunisolide</i>	51
<i>fluocinolone acetonide</i>	39
<i>fluocinolone acetonide</i>	50
<i>fluocinolone acetonide body</i>	39
<i>fluocinolone acetonide scalp</i>	39
<i>fluocinonide</i>	39
<i>fluocinonide-e</i>	39
<i>fluoritab</i>	54
<i>fluorometholone</i>	48
<i>fluorouracil</i>	21
<i>fluorouracil</i>	35
<i>fluoxetine dr</i>	17
<i>fluoxetine hcl</i>	17
<i>fluphenazine decanoate</i>	24
<i>fluphenazine hcl</i>	24
<i>flurbiprofen</i>	8
<i>flurbiprofen sodium</i>	48
<i>flutamide</i>	21
<i>fluticasone propionate</i>	39
<i>fluticasone propionate</i>	51
<i>fluvastatin</i>	32
<i>fluvoxamine maleate</i>	17
FML	48
FML FORTE	48
FOCALGIN-B	54
FOLCAL DHA	54
FOLCAPS OMEGA 3	54

Drug Name	Page #
FOLIVANE-OB	54
FOLIVANE-PRX DHA NF	54
FOLOTYN	21
<i>fomepizole</i>	54
<i>fondaparinux sodium</i>	29
FORADIL AEROLIZER	51
FORTEO	47
FORTICAL	47
<i>foscarnet sodium</i>	26
<i>fosinopril sodium</i>	32
<i>fosinopril sodium/hydrochlorothiazide</i>	32
<i>fosphenytoin sodium</i>	15
FOSRENOL	38
FRAGMIN	29
FREAMINE HBC 6.9%	54
FREAMINE III	54
<i>furosemide</i>	32
FUSILEV	21
FUZEON	26
FYCOMPA	15
<i>gabapentin</i>	15
GABITRIL	15
<i>galantamine hydrobromide</i>	16
GAMASTAN S/D	45
GAMMAPLEX	45
GAMUNEX-C	45
<i>ganciclovir</i>	26
<i>garamycin</i>	48
GARDASIL	45
<i>gatifloxacin</i>	48
<i>gavilyte-c</i>	37
<i>gavilyte-g</i>	37
<i>gavilyte-n/ flavor pack</i>	37
GAZYVA	21
<i>gemcitabine</i>	21
<i>gemcitabine hcl</i>	21
<i>gemfibrozil</i>	32
<i>generlac</i>	37
<i>gengraf</i>	45
<i>gentak</i>	48
<i>gentamicin sulfate</i>	13
<i>gentamicin sulfate</i>	35
<i>gentamicin sulfate</i>	48
<i>gentamicin sulfate pediatric</i>	13
<i>gentamicin sulfate/0.9% sodium chloride</i>	13
GEODON	24
<i>gianvi</i>	41
<i>gildagia</i>	41
<i>gildess 1.5/30</i>	41
<i>gildess 1/20</i>	41

Drug Name	Page #
<i>gildess fe 1.5/30</i>	41
<i>gildess fe 1/20</i>	41
GILOTRIF	21
GLEEVEC	21
<i>glimepiride</i>	28
<i>glipizide</i>	28
<i>glipizide er</i>	28
<i>glipizide xl</i>	28
<i>glipizide/metformin hcl</i>	28
GLUCAGEN	28
GLUCAGEN HYPOKIT	28
GLUCAGON EMERGENCY KIT	28
<i>glyburide</i>	28
<i>glyburide micronized</i>	28
<i>glyburide/metformin hcl</i>	28
<i>glycopyrrolate</i>	37
GOLYTELY	37
<i>granisetron hcl</i>	17
<i>griseofulvin microsize</i>	18
<i>griseofulvin ultramicrosize</i>	18
<i>guanidine hcl</i>	19
HALAVEN	21
<i>halobetasol propionate</i>	39
HALOG	39
<i>haloperidol</i>	24
<i>haloperidol decanoate</i>	24
<i>haloperidol lactate</i>	24
HAVRIX	45
<i>heather</i>	41
<i>hecoria</i>	45
HEMENATAL OB	54
HEMENATAL OB + DHA	54
<i>heparin sodium</i>	29
<i>heparin sodium/d5w</i>	29
<i>heparin sodium/nacl 0.45%</i>	29
<i>heparin sodium/nacl 0.9%</i>	29
<i>heparin sodium/sodium chloride 0.9%</i>	29
<i>heparin sodium/sodium chloride 0.9% premix</i>	29
<i>hepatamine</i>	54
<i>hepatasol</i>	54
HERCEPTIN	21
HEXALEN	21
HUMALOG	28
HUMALOG KWIKPEN	28
HUMALOG MIX 50/50	28
HUMALOG MIX 50/50 KWIKPEN	28
HUMALOG MIX 75/25	28
HUMALOG MIX 75/25 KWIKPEN	28
HUMIRA	45

Drug Name	Page #	Drug Name	Page #
HUMIRA PEN	45	<i>introvale</i>	41
HUMIRA PEN-CROHNS	45	INTUNIV	34
DISEASESTARTER		INVANZ	13
HUMIRA PEN-PSORIASIS STARTER	45	INVEGA	24
HUMULIN 70/30	28	INVEGA SUSTENNA	24
HUMULIN 70/30 PEN	28	INVIRASE	26
HUMULIN N	28	IPOL INACTIVATED IPV	45
HUMULIN N U-100 PEN	28	<i>ipratropium bromide</i>	51
HUMULIN R	28	<i>ipratropium bromide/albuterol sulfate</i>	51
HUMULIN R U-500 (CONCENTRATED)	28	<i>irbesartan</i>	32
<i>hydralazine hcl</i>	32	<i>irbesartan/hydrochlorothiazide</i>	32
<i>hydrochlorothiazide</i>	32	<i>irinotecan</i>	21
<i>hydrocodone bitartrate/acetaminophen</i>	8	ISENTRESS	26
<i>hydrocodone/acetaminophen</i>	8	<i>isoniazid</i>	19
<i>hydrocodone/ibuprofen</i>	9	ISOPTO CARPINE	
<i>hydrocortisone</i>	39	<i>isosorbide dinitrate</i>	32
<i>hydrocortisone butyrate</i>	39	<i>isosorbide dinitrate er</i>	32
<i>hydrocortisone butyrate (lipophilic)</i>	39	<i>isosorbide mononitrate</i>	32
<i>hydrocortisone in absorbase</i>	39	<i>isosorbide mononitrate er</i>	32
<i>hydrocortisone valerate</i>	39	<i>isotonic gentamicin</i>	13
<i>hydrocortisone/acetic acid</i>	50	<i>isradipine</i>	32
<i>hydromorphone hcl</i>	9	ISTALOL	48
<i>hydroxychloroquine sulfate</i>	23	ISTODAX	21
<i>hydroxyurea</i>	21	<i>itraconazole</i>	18
<i>hydroxyzine hcl</i>	51	IXEMPRA KIT	21
<i>ibandronate sodium</i>	47	IXIARO	45
<i>ibudone</i>	9	JAKAFI	21
<i>ibuprofen</i>	9	JALYN	38
ICLUSIG	21	<i>jantoven</i>	30
<i>idarubicin hcl</i>	21	JANUMET	28
<i>ifosfamide</i>	21	JANUMET XR	28
<i>ifosfamide/mesna</i>	21	JANUVIA	28
ILARIS	45	<i>jencycla</i>	41
ILEVRO	48	JENTADUETO	28
IMBRUVICA	21	JEVTANA	21
<i>imipenem/cilastatin</i>	13	<i>jinteli</i>	41
<i>imipramine hcl</i>	17	<i>jolessa</i>	41
<i>imiquimod</i>	35	<i>jolivette</i>	41
IMOVAX RABIES (H.D.C.V.)	45	<i>junel 1.5/30</i>	42
<i>inatal advance</i>	54	<i>junel 1/20</i>	42
<i>inatal ultra</i>	54	<i>junel fe 1.5/30</i>	42
INCRELEX	40	<i>junel fe 1/20</i>	42
<i>indapamide</i>	32	KADCYLA	21
INFANRIX	45	KALETRA	26
INLYTA	21	<i>kariva</i>	42
INNOPRAN XL	32	<i>kcl 0.075%/d5w/nacl 0.45%</i>	54
INTELENCE	26	<i>kcl 0.15%/d5w/lr</i>	54
INTRALIPID	54	<i>kcl 0.15%/d5w/nacl 0.2%</i>	54
INTRON-A	21	<i>kcl 0.15%/d5w/nacl 0.225%</i>	54
INTRON-A W/DILUENT	21	<i>kcl 0.15%/d5w/nacl 0.45%</i>	54

Drug Name	Page #
<i>kcl 0.15%/d5w/nacl 0.9%</i>	54
<i>kcl 0.3%/d5w/lr iv lac ring</i>	54
<i>kcl 0.3%/d5w/nacl 0.45%</i>	54
<i>kcl 0.3%/d5w/nacl 0.9%</i>	54
<i>kelnor 1/35</i>	42
KETEK	13
<i>ketoconazole</i>	18
<i>ketoprofen</i>	9
<i>ketoprofen er</i>	9
<i>ketorolac tromethamine</i>	48
KHEDEZLA	17
KINRIX	45
<i>kionex</i>	54
<i>klor-con 10</i>	54
<i>klor-con 8</i>	54
<i>klor-con m10</i>	54
KLOR-CON M15	55
<i>klor-con m20</i>	55
KRISTALOSE	37
<i>kurvelo</i>	42
KUVAN	36
<i>labetalol hcl</i>	32
LACRISERT	48
<i>lactated ringers dextrose 5% viaflex</i>	55
<i>lactated ringers viaflex</i>	55
<i>lactulose</i>	37
<i>lamivudine</i>	26
<i>lamivudine/zidovudine</i>	26
<i>lamotrigine</i>	15
<i>lansoprazole</i>	37
LANTUS	28
LANTUS SOLOSTAR	28
<i>larin 1/20</i>	42
<i>larin fe 1.5/30</i>	42
<i>larin fe 1/20</i>	42
<i>latanoprost</i>	48
LATUDA	24
<i>leena</i>	42
<i>leflunomide</i>	45
<i>lessina</i>	42
<i>letrozole</i>	21
<i>leucovorin calcium</i>	21
LEUKERAN	21
LEUKINE	30
<i>leuprolide acetate</i>	44
<i>levalbuterol</i>	51
<i>levalbuterol hcl</i>	51
LEVEMIR	28
LEVEMIR FLEXPEN	28
<i>levetiracetam</i>	15

Drug Name	Page #
<i>levobunolol hcl</i>	48
<i>levocarnitine</i>	55
<i>levocetirizine dihydrochloride</i>	51
<i>levofloxacin</i>	13
<i>levofloxacin</i>	48
<i>levofloxacin in d5w</i>	13
<i>levonest</i>	42
<i>levonorgestrel</i>	42
<i>levonorgestrel and ethinyl estradiol</i>	42
<i>levonorgestrel/ethinyl estradiol</i>	42
<i>levora 0.15/30-28</i>	42
<i>levothyroxine sodium</i>	44
<i>levoxyl</i>	44
LEXIVA	26
LIALDA	46
<i>lidocaine</i>	10
<i>lidocaine hcl</i>	10
<i>lidocaine hcl jelly</i>	10
<i>lidocaine viscous</i>	10
<i>lidocaine/prilocaine</i>	10
<i>lindane</i>	23
<i>liothyronine sodium</i>	44
LIPOFEN	32
LIPOSYN III	55
<i>lisinopril</i>	32
<i>lisinopril/hydrochlorothiazide</i>	32
<i>lithium carbonate</i>	27
<i>lithium carbonate er</i>	27
<i>lithium citrate</i>	27
LO LOESTRIN FE	42
LOMEDIA 24 FE	42
<i>lomustine</i>	21
<i>loperamide hcl</i>	37
<i>lorazepam</i>	27
<i>lorazepam intensol</i>	27
<i>lorcet</i>	9
<i>lorcet hd</i>	9
<i>lorcet plus</i>	9
<i>lortab</i>	9
<i>loryna</i>	42
<i>losartan potassium</i>	32
<i>losartan potassium/hydrochlorothiazide</i>	32
LOTEMAX	48
LOTRONEX	37
<i>lovastatin</i>	32
LOVAZA	32
<i>low-ogestrel</i>	42
<i>loxapine succinate</i>	24
LUMIGAN	48
LUMIZYME	36

Drug Name	Page #
LUPRON DEPOT	44
LUPRON DEPOT-PED	44
<i>lutra</i>	42
LYRICA	15
LYSODREN	44
<i>lyza</i>	42
<i>malathion</i>	23
<i>maprotiline hcl</i>	17
<i>margesic</i>	9
<i>marlissa</i>	42
MARPLAN	17
MATULANE	21
<i>matzim la</i>	32
MAXIDEX	48
<i>meclizine hcl</i>	17
<i>meclofenamate sodium</i>	9
<i>medroxyprogesterone acetate</i>	42
<i>mefloquine hcl</i>	23
<i>megestrol acetate</i>	42
MEKINIST	21
<i>meloxicam</i>	9
<i>melphalan hydrochloride</i>	21
MENACTRA	45
MENEST	42
MENOMUNE-A/C/Y/W-135	45
MENTAX	18
MENVEO	45
MEPRON	23
<i>mercaptopurine</i>	21
<i>meropenem</i>	13
<i>mesalamine</i>	46
<i>mesna</i>	21
MESNEX	22
MESTINON	19
MESTINON TIMESPAN	19
<i>metadate er</i>	34
<i>metaproterenol sulfate</i>	51
<i>metformin hcl</i>	28
<i>metformin hcl er</i>	28
<i>methadone hcl</i>	9
<i>methadose</i>	9
<i>methadose sugar-free</i>	9
<i>methazolamide</i>	32
<i>methenamine hippurate</i>	13
<i>methimazole</i>	44
<i>methotrexate</i>	45
<i>methotrexate sodium</i>	45
<i>methoxsalen</i>	35
<i>methscopolamine bromide</i>	37
<i>methyclothiazide</i>	32

Drug Name	Page #
<i>methylergonovine maleate</i>	38
<i>methylphenidate hcl</i>	34
<i>methylphenidate hcl er</i>	34
<i>methylphenidate hcl sr</i>	34
<i>methylprednisolone</i>	40
<i>methylprednisolone acetate</i>	40
<i>methylprednisolone dose pack</i>	40
<i>methylprednisolone sodiumsuccinate</i>	40
<i>metipranolol</i>	48
<i>metoclopramide hcl</i>	37
<i>metolazone</i>	32
<i>metoprolol succinate er</i>	32
<i>metoprolol tartrate</i>	32
<i>metoprolol/hydrochlorothiazide</i>	32
METRO IV	13
<i>metronidazole</i>	13
<i>metronidazole</i>	35
<i>metronidazole in nacl 0.79%</i>	13
<i>metronidazole vaginal</i>	13
<i>mexiletine hcl</i>	32
MIACALCIN	47
<i>microgestin 1.5/30</i>	42
<i>microgestin 1/20</i>	42
<i>microgestin fe</i>	42
<i>microgestin fe 1.5/30</i>	42
<i>micronized colestipol hcl</i>	32
<i>midodrine hcl</i>	32
MIGERGOT	19
MIGRANAL	19
MILLIPRED	40
MILLIPRED DP	40
<i>mimvey</i>	42
<i>mimvey lo</i>	42
<i>minitran</i>	32
<i>minocycline hcl</i>	13
<i>minoxidil</i>	32
MIRAPEX ER	24
<i>mirtazapine</i>	17
<i>mirtazapine odt</i>	17
<i>misoprostol</i>	37
<i>mitomycin</i>	22
<i>mitoxantrone hcl</i>	22
M-M-R II W/DILUENT 10 DOSE	45
<i>modafinil</i>	52
<i>moderiba</i>	26
<i>moexipril hcl</i>	32
<i>moexipril/hydrochlorothiazide</i>	33
<i>mometasone furoate</i>	40
<i>mono-lynyah</i>	42
<i>mononessa</i>	42

Drug Name	Page #	Drug Name	Page #
<i>montelukast sodium</i>	51	NEBUPENT	23
<i>morgidox 1x100mg</i>	13	<i>necon 0.5/35-28</i>	42
<i>morgidox 2x100mg</i>	13	<i>necon 1/35</i>	42
<i>morphine sulfate</i>	9	NECON 1/50-28	42
<i>morphine sulfate er</i>	9	NECON 10/11-28	42
MOTOFEN	37	<i>necon 7/7/7</i>	42
MOVIPREP	37	<i>nefazodone hcl</i>	17
MOXATAG	13	<i>neomycin sulfate</i>	13
MOXEZA	48	<i>neomycin/bacitracin/polymyxin</i>	49
MULTAQ	33	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	49
<i>multi-vit/fluoride</i>	55	<i>one</i>	
<i>multi-vit/iron/fluoride</i>	55	<i>neomycin/polymyxin/dexamethasone</i>	49
<i>multivitamin with fluoride</i>	55	<i>neomycin/polymyxin/gramicidin</i>	49
<i>multi-vitamin/fluoride</i>	55	<i>neomycin/polymyxin/hc</i>	50
<i>multi-vitamin/fluoride/iron</i>	55	<i>neomycin/polymyxin/hydrocortisone</i>	49
<i>mult-vitamin/fluoride</i>	55	<i>neomycin/polymyxin/hydrocortisone</i>	50
<i>mupirocin</i>	36	<i>neo-polycin</i>	49
<i>mupirocin calcium</i>	36	NEPHRAMINE	55
MUSTARGEN	22	NESTABS	55
<i>mvc-fluoride</i>	55	NESTABS DHA	55
<i>my way</i>	42	NEUMEGA	30
<i>mycophenolate mofetil</i>	45	NEUPOGEN	30
<i>myorisan</i>	36	NEUPRO	24
MYRBETRIQ	38	NEVANAC	49
<i>myzilra</i>	42	<i>nevirapine</i>	26
<i>nabumetone</i>	9	<i>nevirapine er</i>	26
<i>nadolol</i>	33	NEXA PLUS	55
<i>nadolol/bendroflumethiazide</i>	33	NEXAVAR	22
<i>nafcillin sodium</i>	13	<i>next choice one dose</i>	42
NAGLAZYME	36	<i>niacin er</i>	33
<i>nalbuphine hcl</i>	9	<i>nicardipine hcl</i>	33
NALLPEN ISO-OSMOTIC IN DEXTROSE	13	NICOTROL NS	10
NALLPEN/DEXTROSE	13	<i>nifedical xl</i>	33
<i>naloxone hcl</i>	10	<i>nifedipine er</i>	33
<i>naltrexone hcl</i>	10	NILANDRON	22
NAMENDA XR	16	<i>nimodipine</i>	33
NAMENDA XR TITRATION PACK	16	NIPENT	22
<i>naphazoline hcl</i>	49	<i>nisoldipine</i>	33
<i>naproxen</i>	9	<i>nisoldipine er</i>	33
<i>naproxen dr</i>	9	<i>nitrofurantoin</i>	13
<i>naproxen sodium</i>	9	<i>nitrofurantoin macrocrystals</i>	13
<i>naratriptan hcl</i>	19	<i>nitrofurantoin monohydrate</i>	13
NASONEX	51	<i>nitroglycerin</i>	33
NATACHEW	55	<i>nitroglycerin lingual</i>	33
NATACYN	49	<i>nitroglycerin transdermal</i>	33
NATAFORT	55	NITROMIST	33
NATAL-V RX	55	NITROSTAT	33
NATALVIRT 90 DHA	55	<i>nizatidine</i>	37
NATALVIRT CA	55	<i>nora-be</i>	42
<i>nateglinide</i>	28	NORDITROPIN FLEXPPO	40

Drug Name	Page #
NORDITROPIN NORDIFLEX PEN	40
<i>norethindrone</i>	43
<i>norethindrone acetate</i>	42
<i>norgestimate/ethinyl estradiol</i>	43
NORINYL 1+50	43
NORITATE	36
<i>nortrel 0.5/35 (28)</i>	43
<i>nortrel 1/35</i>	43
<i>nortrel 7/7/7</i>	43
<i>nortriptyline hcl</i>	17
NORVIR	26
NOVOLIN 70/30	28
NOVOLIN N	28
NOVOLIN R	28
NOVOLOG	28
NOVOLOG FLEXPEN	28
NOVOLOG MIX 70/30	29
NOVOLOG MIX 70/30 PREFILLED	29
FLEXPEN	
NOVOLOG PENFILL	29
NOXAFIL	18
NUEDEXTA	34
NULOJIX	45
<i>nyamyc</i>	18
NYMALIZE	33
<i>nystatin</i>	18
<i>nystatin/triamcinolone</i>	18
<i>nystop</i>	18
OB COMPLETE ONE	55
OB COMPLETE PETITE	55
OB COMPLETE PREMIER	55
OB COMPLETE/DHA	55
O-CAL PRENATAL	55
<i>ocella</i>	43
<i>octreotide acetate</i>	44
<i>ofloxacin</i>	13
<i>ofloxacin</i>	49
<i>ofloxacin</i>	50
OGESTREL	43
<i>olanzapine</i>	24
<i>olanzapine odt</i>	24
<i>olanzapine/fluoxetine</i>	17
OLYSIO	26
<i>omega-3-acid ethyl esters</i>	33
<i>omeprazole</i>	37
OMNARIS	51
ONCASPAR	22
<i>ondansetron hcl</i>	17
<i>ondansetron odt</i>	17
ONFI	15

Drug Name	Page #
OPSUMIT	51
<i>oralone</i>	35
ORAP	25
ORFADIN	36
<i>orsythia</i>	43
OSMOPREP	37
<i>oxacillin sodium</i>	13
<i>oxaliplatin</i>	22
<i>oxandrolone</i>	43
<i>oxaprozin</i>	9
<i>oxcarbazepine</i>	15
OXISTAT	18
OXSORALEN	36
<i>oxybutynin chloride</i>	38
<i>oxybutynin chloride er</i>	38
<i>oxycodone hcl</i>	9
<i>oxycodone/acetaminophen</i>	10
<i>oxycodone/aspirin</i>	10
<i>oxycodone/ibuprofen</i>	10
<i>pacerone</i>	33
<i>paclitaxel</i>	22
PAIRE OB	56
<i>pamidronate disodium</i>	47
<i>pancrelipase</i>	36
PANRETIN	22
<i>pantoprazole sodium</i>	37
<i>paricalcitol</i>	47
<i>paromomycin sulfate</i>	13
<i>paroxetine hcl</i>	17
<i>paroxetine hcl er</i>	17
PASER	19
PATADAY	49
PATANASE	51
PATANOL	49
PAXIL	17
PCE	14
PEDIARIX	45
<i>pedi-dri</i>	18
PEDVAX HIB	46
<i>peg 3350/electrolytes</i>	37
<i>peg-3350/nacl/na bicarbonate/kcl</i>	37
PEGANONE	15
PEG-INTRON	26
PEG-INTRON REDIPEN	26
<i>penicillin g potassium</i>	14
<i>penicillin g procaine</i>	14
<i>penicillin g sodium</i>	14
<i>penicillin v potassium</i>	14
PENTACEL	46
PENTAM 300	23

Drug Name	Page #	Drug Name	Page #
PENTASA	46	potassium chloride 0.15% nacl 0.9%	56
pentoxifylline er	33	potassium chloride 0.22% d5w/nacl 0.45%	56
PERFOROMIST	51	potassium chloride 0.224%d5w/nacl 0.45%	56
perindopril erbumine	33	viaflex	
periogard	35	potassium chloride 0.3%/ nacl 0.9%	56
PERJETA	22	potassium chloride 0.3%/d5w	56
permethrin	23	potassium chloride cr	56
perphenazine	25	potassium chloride er	56
perphenazine/amitriptyline	17	potassium chloride sr	56
phenadoz	18	potassium citrate	56
phenelzine sulfate	17	POTIGA	15
phenobarbital	15	pr natal 400	56
phenytoin	15	pr natal 400 ec	56
phenytoin sodium	15	pr natal 430	56
phenytoin sodium extended	15	pr natal 430 ec	56
PHOSPHOLINE IODIDE	49	PRADAXA	30
PICATO	36	pramipexole dihydrochloride	24
pilocarpine hcl	35	pravastatin sodium	33
pilocarpine hydrochloride	35	prazosin hcl	33
pimtrea	43	PRED MILD	49
pindolol	33	PRED-G	49
pioglitazone hcl	29	PRED-G S.O.P.	49
pioglitazone hcl/metformin hcl	29	prednicarbate	40
pioglitazone hcl-glimepiride	29	prednisolone	40
piperacillin sodium/ tazobactam sodium	14	prednisolone acetate	49
piperacillin sodium/tazobactam sodium	14	prednisolone sodium phosphate	40
pirmella 1/35	43	prednisolone sodium phosphate	49
pirmella 7/7/7	43	prednisone	40
piroxicam	10	PREDNISONE INTENSOL	40
PNV FOLIC ACID + IRON	56	PREFERA OB	56
MULTIVITAMIN		PREFERA OB + DHA	56
PNV OB+DHA	56	PREFERAOB ONE	56
PNV PRENATAL PLUS MULTIVITAMIN	56	PREMARIN	43
pnv-dha	56	PREMASOL	56
PNV-FIRST	56	PRENA1 CHEW/QUATREFOLIC	57
pnv-select	56	PRENA1 PLUS/QUATREFOLIC	57
podofilox	36	PRENA1/QUATREFOLIC	57
polycin	49	PRENAISSANCE	57
polyethylene glycol 3350	37	PRENAISSANCE PLUS	57
polymyxin b sulfate/trimethoprim sulfate	49	PRENATA	57
poly-vitamin/fluoride	56	prenatabs fa	57
POMALYST	22	PRENATABS OBN	57
portia-28	43	prenatal plus	57
potassium chloride	56	prenatal plus iron	57
potassium chloride 0.15% /nacl 0.45%	56	PRENATE AM	57
viaflex		PRENATE DHA	57
potassium chloride 0.15% d5w/nacl 0.33%	56	PRENATE ELITE	57
potassium chloride 0.15% d5w/nacl 0.45%	56	PRENATE ESSENTIAL	57
potassium chloride 0.15% d5w/nacl 0.45%	56	PRENATE MINI	57
viaflex		PREPLUS	57

Drug Name	Page #	Drug Name	Page #
PREPOPIK	37	quinidine gluconate er	33
PREQUE 10	57	quinidine sulfate	33
prevalite	33	quinidine sulfate er	33
previfem	43	quinine sulfate	23
PREZISTA	26	QVAR	51
PRIFTIN	19	RABAVERT	46
primaquine phosphate	23	raloxifene hydrochloride	43
primidone	15	ramipril	33
PRISTIQ	17	RANEXA	33
PROAIR HFA	51	ranitidine hcl	37
probenecid	19	RAPAFLO	38
probenecid/colchicine	19	RAPAMUNE	46
PROCALAMINE	57	REAPHIRM	57
prochlorperazine	25	REBIF	34
prochlorperazine edisylate	25	REBIF REBIDOSE	34
prochlorperazine maleate	25	REBIF REBIDOSE TITRATION PACK	34
PROCRIT	30	REBIF TITRATION PACK	35
proctozone-hc	40	reclipsen	43
progesterone	43	RECOMBIVAX HB	46
PROGLYCEM	29	REGRANEX	36
PROGRAF	46	RELENZA DISKHALER	26
PROLASTIN-C	51	RELISTOR	38
PROLENSA	49	RELNATE DHA	57
PROLEUKIN	22	REMICADE	46
PROLIA	47	RENVELA	38
PROMACTA	30	repaglinide	29
promethazine hcl	18	RESCRIPTOR	26
promethegan	18	RESTASIS	49
propafenone hcl	33	RETROVIR IV INFUSION	26
propafenone hcl er	33	REVLIMID	22
propranetheline bromide	37	REYATAZ	26
proparacaine hcl	49	RHINOCORT AQUA	51
propranolol hcl	33	ribasphere	26
propranolol hcl er	33	ribavirin	26
propranolol/hydrochlorothiazide	33	RIDAURA	46
propylthiouracil	44	rifabutin	19
PROQUAD	46	rifampin	19
PROSOL	57	RIFATER	19
protriptyline hcl	17	riluzole	35
PULMICORT FLEXHALER	51	rimantadine hcl	26
PULMOZYME	51	ringers injection	57
PUREFE OB PLUS	57	risedronate sodium	47
pyrazinamide	19	RISPERDAL CONSTA	25
pyridostigmine bromide	19	risperidone	25
QNASL	51	risperidone odt	25
quasense	43	RITUXAN	22
quetiapine fumarate	25	rivastigmine tartrate	16
quinapril hcl	33	rizatriptan benzoate	19
quinapril/hydrochlorothiazide	33	rizatriptan benzoate odt	19
quinidine gluconate cr	33	ropinirole hcl	24

Drug Name	Page #
<i>rosadan</i>	36
ROTARIX	46
ROTATEQ	46
ROXICET	10
ROZEREM	52
SABRIL	15
SAMSCA	57
SANDIMMUNE	46
SANTYL	36
SAPHRIS	25
<i>selegiline hcl</i>	24
<i>selenium sulfide</i>	36
SELZENTRY	26
<i>se-natal 19</i>	57
SENSIPAR	44
SEREVENT DISKUS	51
SEROQUEL XR	25
<i>sertraline hcl</i>	17
<i>se-tan dha</i>	57
<i>seton et-ec</i>	57
<i>setonet</i>	57
<i>sevelamer carbonate</i>	38
SIGNIFOR	44
<i>sildenafil</i>	51
<i>silver sulfadiazine</i>	36
SIMBRINZA	49
SIMULECT	46
<i>simvastatin</i>	33
<i>sirolimus</i>	46
SIRTURO	19
<i>sodium chloride</i>	57
<i>sodium chloride 0.45% viaflex</i>	57
<i>sodium chloride 0.9%</i>	38
<i>sodium fluoride</i>	58
<i>sodium phenylbutyrate</i>	36
<i>sodium polystyrene sulfonate</i>	58
<i>sodium sulfacetamide</i>	36
<i>sodium sulfacetamide</i>	49
SOLTAMOX	22
SOMATULINE DEPOT	44
SOMAVERT	44
<i>sorine</i>	33
<i>sotalol hcl</i>	33
<i>sotalol hcl (af)</i>	33
SOVALDI	27
SPIRIVA HANDIHALER	51
<i>spironolactone</i>	34
<i>spironolactone/hydrochlorothiazide</i>	33
SPORANOX	18
<i>sprintec 28</i>	43

Drug Name	Page #
SPRYCEL	22
<i>sronyx</i>	43
<i>ssd</i>	36
<i>stavudine</i>	27
STIVARGA	22
<i>streptomycin sulfate</i>	14
STRIBILD	27
STROMECTOL	23
SUBOXONE	10
SUCLEAR	38
<i>sucrafate</i>	38
<i>sulfacetamide sodium</i>	36
<i>sulfacetamide sodium</i>	49
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	49
<i>sulfadiazine</i>	14
<i>sulfamethoxazole/trimethoprim</i>	14
<i>sulfamethoxazole/trimethoprim ds</i>	14
SULFAMILYLON	36
<i>sulfasalazine</i>	46
<i>sulfazine</i>	46
<i>sulfazine ec</i>	46
<i>sulindac</i>	10
<i>sumatriptan</i>	19
<i>sumatriptan succinate</i>	19
<i>sumatriptan succinate refill</i>	19
SUMAVEL DOSEPRO	19
SUPRAX	14
SUPREP BOWEL PREP	38
SURMONTIL	17
SUSTIVA	27
SUTENT	22
<i>syeda</i>	43
SYLATRON	22
SYLVANT	22
SYMBICORT	51
SYMLINPEN 120	29
SYMLINPEN 60	29
SYNAGIS	46
SYNAREL	44
SYNERCID	14
SYNRIBO	22
SYNTHROID	44
SYPRINE	58
TABLOID	22
<i>tacrolimus</i>	46
TAFINLAR	22
TAMIFLU	27
<i>tamoxifen citrate</i>	22
<i>tamsulosin hcl</i>	38

Drug Name	Page #	Drug Name	Page #
TARCEVA	22	<i>timolol maleate</i>	49
TARGRETIN	22	<i>timolol maleate ophthalmic gel forming</i>	49
TARON-PREX	58	<i>tinidazole</i>	14
TASIGNA	22	TIVICAY	27
<i>tazicef</i>	14	<i>tizanidine hcl</i>	25
TAZORAC	36	TL-CARE DHA	58
<i>taztia xt</i>	34	TL-SELECT	58
TEFLARO	14	TL-SELECT DHA	58
TEGRETOL-XR	15	TOBRADEX	49
TEKAMLO	34	TOBRADEX ST	49
TEKTURNA	34	<i>tobramycin</i>	51
TEKTURNA HCT	34	<i>tobramycin sulfate</i>	14
<i>telmisartan</i>	34	<i>tobramycin sulfate</i>	49
<i>telmisartan/amlodipine</i>	34	<i>tobramycin sulfate/sodium chloride</i>	14
<i>telmisartan/hydrochloroth</i>	34	<i>tobramycin/dexamethasone</i>	49
<i>telmisartan/hydrochlorothiazide</i>	34	TOBREX	49
<i>temazepam</i>	27	<i>tolazamide</i>	29
TENIVAC	46	<i>tolbutamide</i>	29
<i>terazosin hcl</i>	34	<i>tolmetin sodium</i>	10
<i>terbinafine hcl</i>	18	<i>tolterodine tartrate</i>	38
<i>terbutaline sulfate</i>	51	<i>tolterodine tartrate er</i>	38
<i>terconazole</i>	18	<i>topiramate</i>	16
TESTIM	43	<i>toposar</i>	22
<i>testosterone cypionate</i>	43	<i>topotecan hcl</i>	22
<i>testosterone enanthate</i>	43	TOPROL XL	34
<i>tetanus toxoid adsorbed</i>	46	TORISEL	22
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	46	<i>torseamide</i>	34
<i>tetracycline hcl</i>	14	<i>tpn electrolytes</i>	58
THALOMID	22	TRACLEER	51
THEO-24	51	TRADJENTA	29
<i>theophylline</i>	51	<i>tramadol hcl</i>	10
<i>theophylline cr</i>	51	<i>tramadol hydrochloride/acetaminophen</i>	10
<i>theophylline er</i>	51	<i>trandolapril</i>	34
THERACYS	22	<i>tranexamic acid</i>	30
THIOLA	38	TRANSDERM-SCOP	18
<i>thioridazine hcl</i>	25	<i>tranlycypromine sulfate</i>	17
<i>thiothixene</i>	25	TRAVASOL	58
THYMOGLOBULIN	46	TRAVATAN Z	49
THYROLAR-1	44	<i>travoprost</i>	49
THYROLAR-1/2	44	<i>trazodone hcl</i>	17
THYROLAR-1/4	44	TREANDA	22
THYROLAR-2	44	TRECATOR	19
THYROLAR-3	44	TRELSTAR DEPOT MIXJECT	44
<i>tiagabine hydrochloride</i>	16	TRELSTAR LA MIXJECT	44
TICE BCG	22	TRELSTAR MIXJECT	44
<i>ticlopidine hcl</i>	30	<i>tretinoin</i>	22
TIKOSYN	34	<i>tretinoin</i>	36
<i>tilia fe</i>	43	<i>triadvance</i>	58
TIMENTIN	14	<i>triamcinolone acetonide</i>	35
<i>timolol maleate</i>	34	<i>triamcinolone acetonide</i>	40

Drug Name	Page #
<i>triamcinolone acetonide</i>	51
<i>triamcinolone in orabase</i>	35
<i>triamterene/hydrochlorothiazide</i>	34
TRIANEX	40
<i>triazolam</i>	27
TRICARE	58
TRICARE PRENATAL COMPLEAT	58
TRICARE PRENATAL DHA ONE	58
<i>triderm</i>	40
<i>tri-estarylla</i>	43
<i>trifluoperazine hcl</i>	25
<i>trifluridine</i>	49
TRIGLIDE	34
<i>trihexyphenidyl hcl</i>	24
<i>tri-legest fe</i>	43
<i>tri-linyah</i>	43
<i>trilyte</i>	38
<i>trimethoprim</i>	14
<i>trimethoprim sulfate/polymyxin b sulfate</i>	49
TRINATAL GT	58
<i>trinatal rx 1</i>	58
<i>trinessa</i>	43
<i>triple-vitamin/fluoride</i>	58
<i>tri-previfem</i>	43
TRISENOX	22
<i>tri-sprintec</i>	43
TRIVEEN-DUO DHA	58
TRIVEEN-PRX RNF	58
<i>tri-vit/fluoride</i>	58
<i>tri-vit/fluoride/iron</i>	58
<i>tri-vitamin/fluoride</i>	58
<i>trivora-28</i>	43
TROPHAMINE	58
<i>trospium chloride</i>	38
<i>trospium chloride er</i>	38
TRUVADA	27
TUDORZA PRESSAIR	51
TWINRIX	46
TYGACIL	14
TYKERB	22
TYPHIM VI	46
TYZEKA	27
TYZINE PEDIATRIC NASAL DROPS	51
<i>ultimatecare one nf</i>	58
<i>unithroid</i>	44
<i>ursodiol</i>	38
UVADEX	22
VAGIFEM	43
<i>valacyclovir hcl</i>	27
VALCHLOR	22

Drug Name	Page #
VALCYTE	27
<i>valproate sodium</i>	16
<i>valproic acid</i>	16
<i>valsartan/hydrochlorothiazide</i>	34
VALSTAR	22
<i>vancomycin hcl</i>	14
<i>vancomycin hcl in dextrose</i>	14
<i>vandazole</i>	14
VAQTA	46
VARIVAX	46
VASCEPA	34
VECTIBIX	23
VELCADE	23
<i>velivet</i>	43
VEMAVITE-PRX 2	58
VENA-BAL DHA	58
<i>venlafaxine hcl</i>	17
<i>venlafaxine hcl er</i>	17
VENTAVIS	51
VENTOLIN HFA	51
<i>verapamil hcl</i>	34
<i>verapamil hcl er</i>	34
<i>verapamil hcl sr</i>	34
VEREGEN	36
VERSACLOZ	25
VESICARE	38
<i>vestura</i>	43
VEXOL	49
V-GO 20	47
V-GO 30	47
V-GO 40	47
<i>vicodin</i>	10
<i>vicodin es</i>	10
<i>vicodin hp</i>	10
VICTOZA	29
VICTRELIS	27
VIDEX PEDIATRIC	27
VIGAMOX	49
VIIBRYD	17
VIMOVO	10
VIMPAT	16
<i>vinblastine sulfate</i>	23
<i>vincasar pfs</i>	23
<i>vincristine sulfate</i>	23
<i>vinorelbine tartrate</i>	23
<i>viorele</i>	43
VIRACEPT	27
VIRAMUNE	27
VIRAMUNE XR	27
VIRAZOLE	27

Drug Name	Page #	Drug Name	Page #
VIREAD	27	ZENPEP	36
VIRT-PN	58	ZETIA	34
VIRT-PN DHA	58	ZETONNA	51
VIRT-SELECT	58	ZIAGEN	27
VITAFOL-ONE	58	<i>zidovudine</i>	27
VITAFOL-PLUS	58	ZINGIBER	58
VITAMEDMD ONE RX/QUATREFOLIC	58	<i>ziprasidone hcl</i>	25
VITAMEDMD PLUS RX/QUATRE FOLIC	58	ZIRGAN	49
VITAMEDMD REDICHEW	58	ZMAX	14
RX/QUATREFOLIC		<i>zoledronic acid</i>	47
<i>vitamins a/c/d/fluoride</i>	58	ZOLINZA	23
VOL-NATE	58	<i>zolmitriptan</i>	19
VOL-PLUS	58	<i>zolmitriptan odt</i>	19
VOLTAREN	10	<i>zolpidem tartrate</i>	52
<i>voriconazole</i>	18	ZOMIG	19
VOTRIENT	23	ZOMIG NASAL SPRAY	19
VP-CH-PNV	58	ZONALON	36
VP-HEME OB	58	<i>zonisamide</i>	16
VP-PNV-DHA	58	ZORTRESS	46
VPRIV	36	ZOSTAVAX	46
<i>vyfemla</i>	43	<i>zovia 1/35e</i>	43
<i>warfarin sodium</i>	30	<i>zovia 1/50e</i>	44
WELCHOL	34	ZYFLO	52
<i>wymzya fe</i>	43	ZYKADIA	23
XALKORI	23	ZYLET	49
XARELTO	30	ZYPREXA RELPREVV	25
XENAZINE	35	ZYTIGA	23
XGEVA	47	ZYVOX	14
XOLAIR	51		
XOPENEX HFA	51		
XTANDI	23		
<i>xulane</i>	43		
XYREM	52		
YERVOY	23		
YF-VAX	46		
<i>zafirlukast</i>	51		
<i>zaleplon</i>	52		
ZALTRAP	23		
ZANOSAR	23		
<i>zarah</i>	43		
ZATEAN-CH	58		
ZATEAN-PN	58		
ZATEAN-PN DHA	58		
ZATEAN-PN PLUS	58		
ZAVESCA	36		
<i>zebutal</i>	10		
ZELBORAF	23		
<i>zenatane</i>	36		
<i>zenchent</i>	43		
<i>zenchent fe</i>	43		



This formulary was updated on 10/1/2014. For more recent information or other questions, please contact Coventry Health Care at **1-866-294-9803** or for **TTY: 711**, 8 am to 8 pm, seven days a week, from October 1 – February 14, and 8 am to 8pm, Monday – Friday, from February 15 – September 30, or visit <http://KSformulary.coventry-medicare.com>.